Purpose:
To establish guidelines for the clinical practice of Non-Physician Medical Practitioners (NPMP).

Policy:
The Central California Alliance for Health (the Alliance) requires all NPMPs to meet the Plan’s guidelines with respect to scope of practice and supervision. The employing entity, i.e. hospital, clinic, or medical practice, is ultimately responsible for ensuring that these standards are being met.

Definitions:
Non-Physician Medical Practitioner: A Nurse Practitioner (NP), Physician Assistant (PA), or nurse midwife authorized to provide primary care under physician supervision. Nurse Midwife guidelines are provided separately in Alliance policy 401-1515 -- Nurse Midwife Guidelines.

Physician Assistant: A graduate of an accredited Physician Assistant (PA) educational program, who is nationally certified and state-licensed to practice medicine under the supervision of a physician.

Nurse Practitioner: A registered nurse who possesses additional preparation and skills in physical diagnosis, psychosocial assessment, and management of health-illness needs in primary health care, who has been prepared in a program that conforms to Board of Registered Nursing standards as specified in 16 CCR 1484, Standards of Education.

Supervising Physician: A credentialed Alliance provider who is a physician licensed in the State of California who guides, directs, oversees, and evaluates performance of a NPMP.

Primary Care: A basic level of health care usually rendered in ambulatory settings by general practitioners, family practitioners, internists, obstetricians, pediatricians, and mid-level practitioners. This type of care emphasizes caring for the Member's general health needs as opposed to specialists focusing on specific needs.

Standardized Procedures: Policies and protocols formulated by organized health care systems for the performance of standardized procedure functions, as specified in the
Business and Professions Code Section 2725(c) and (d). Standardized procedures are the legal mechanism for NPs to perform functions that would otherwise be considered the practice of medicine.

Delegation of Services Agreement: A document serving as the foundation of the relationship between a Supervising Physician and a Physician Assistant that specifies the names of the Supervising Physicians, what types of medical services the Physician Assistant is authorized to perform, how they are performed, how the patient records will be reviewed and countersigned, and what type of medication the Physician Assistant will provide on behalf of the Supervising Physician.

Furnishing: The act of making a pharmaceutical agent or agents available to the patients in strict accordance with a standardized procedure.

Procedures:

1. General Guidelines
   1.a. Credentialing
       The credentialing of NPMPs will be processed in adherence to Policy 300-4040 – Professional Provider Credentialing Guidelines.
   1.b. Member Consent
       Alliance members must provide verbal consent to receive treatment from an NPMP and be given the opportunity to obtain care by a physician if the member so desires.
   1.c. Ratios
       The ratio of Supervising Physicians to NPMPs will not exceed the standards outlined in Policy 300-5020 – Verification of Physician to Non-Physician Medical Practitioner Supervision Ratios.
   1.d. Physician Consultation
       The NPMP will seek physician consultation in a timely manner for the following situations, and any others he/she deems appropriate:
i. Any conditions that have failed to respond to usual management or that do not follow classic diagnostic patterns.

ii. When referring a patient to a specialist or when a patient is likely to be hospitalized.

iii. When a patient has an unplanned return to the office within 72 hours for the same illness or complaint.

iv. When the NPMP is uncertain about appropriate care management.

v. When a patient has signs or symptoms with a differential diagnosis for which failure to recognize and treat can lead to serious near-term morbidity.

vi. Before performing any invasive procedures.

vii. In all emergency situations after initial care has been started.

viii. When a patient requests physician consultation.

2. Physician Assistants

2.a. Scope of Practice
A PA may only provide those medical services that he/she is competent to perform and which are consistent with the PA’s education, training, and experience, and which are delegated in writing by a Supervising Physician who is responsible for the patients cared for by that PA.

2.b. Physician Supervision
i. The Supervising Physician shall be responsible for all medical services provided by a PA under his or her supervision.

ii. A PA may not perform medical services when the services are rendered under the supervision of a licensed physician who is subject to a
disciplinary condition imposed by the Board prohibiting that supervision of a PA. (Business and Professions Code Section 3502 (a))

iii. A PA shall consult with a physician regarding any task, procedure or diagnostic problem that the PA determines exceeds his or her level of competence or shall refer such cases to a physician.

iv. A Supervising Physician shall be available in person or by electronic communication at all times when the PA is caring for patients.

v. A Supervising Physician shall delegate to a PA only those tasks and procedures consistent with the Supervising Physician’s specialty or usual and customary practice, and consistent with the patients’ health and condition.

vi. Countersignature of Charts

1. Countersignature and dating of all medical records written by the PA is required within thirty (30) days of when the care was given by the PA.

2. Alternatively, the Supervising Physician may adopt protocols governing procedures, in which case the Supervising Physician shall within 30 days review, countersign, and date a sample of at least five percent of the medical records of patients treated by the PA functioning under these protocols. The Supervising Physician shall select for review those cases that by diagnosis, problem, treatment, or procedure represent, in his/her opinion, the most significant risk to the patient.

2.c. Delegation of Services Agreement

i. A Delegation of Services Agreement shall be signed and dated by the PA and each Supervising Physician. It may be signed by more than one Supervising Physician only if the same medical services have been delegated by each Supervising Physician.
ii. A PA may provide medical services pursuant to more than one Delegation of Services Agreement.

iii. A PA and his/her Supervising Physician shall establish written guidelines for the adequate supervision of the PA. These protocols shall comply with the requirements cited in paragraph 2.b.vi above.

2.d. Prescribing Authority

i. While under the supervision of a licensed physician, a PA may administer or provide medication to a patient, or transmit orally or in writing a prescription to a person who may lawfully furnish the medication. The prescription must be based on the protocol established in the Delegation of Services Agreement or approved by the Supervising Physician before it is filled or carried out.

ii. A Supervising Physician who delegates authority to issue a drug order to a PA may limit this authority by specifying the manner in which the PA may issue delegated prescriptions.

iii. When authorized by their Supervising Physician, PAs may write and sign prescriptions for Schedule II-V medications for a specific patient authorized in advance and only after completing a course on controlled substances that has been approved by the Physician Assistant Committee of the Medical Board of California (MBC). The PA must also be registered with the United States Drug Enforcement Administration.

iv. Every time a PA administers or dispenses a drug or transmits a schedule II drug order the Supervising Physician must sign and date the patient’s medical record within seven days.
3.a. Scope of Practice

i. An NP is trained to provide primary health care services. The NP must be clinically competent to perform the services appropriate to the clinical practice.

ii. The NP must rely on standardized procedures for authorization to perform medical functions that overlap with those reserved for physicians and thus permitting NPs to exceed the usual scope of RN practice.

3.b. Physician Supervision

i. The Supervising Physician must be available for consultation with the NP at all times when the NP is providing services, either by physical presence or by electronic communication.

ii. The relationship between the Supervising Physician and the NP is that of a shared and continuing responsibility for the care of the patient.

iii. Countersignature of patient charts is not required unless specified in standardized procedures.

3.c. Standardized Procedures

As promulgated by the Board of Registered Nursing and the Medical Board of California, Standardized Procedures shall:

i. Be in writing, dated and signed by the personnel authorized to approve it.

ii. Specify which standardized procedure functions the NP may perform and under what circumstances.

iii. State specific requirements which are to be followed in performing particular standardized procedure functions.
iv. Establish a method for initial and continuing evaluation of the competence of the NPs authorized to perform standardized procedure functions.

v. Establish a method to maintain a written record of those persons authorized to perform standardized procedure functions.

vi. Specify the scope of supervision required for performance of standardized procedure functions, for example, telephone contact with the Supervising Physician.

vii. Set forth any specialized circumstances under which the NP is to immediately communicate with the patient’s physician concerning the patient’s condition.

viii. State the limitations on settings, if any, in which the standardized procedure functions may be performed.

ix. Specify patient record-keeping requirements.

x. Provide a method of periodic review of the standardized procedures.

xi. In addition to any other practices that meet the general criteria set forth in statute or regulation for inclusion in standardized procedures, a NP may be authorized to do any of the following:
   1. Order durable medical equipment.
   2. After performance of a physical examination by the NP and collaboration with a physician, certify disability pursuant to Section 2708 of the Unemployment Insurance Code.
   3. For individuals receiving home health services or personal care services, after consultation with the Supervising Physician, approve, sign, modify, or add to a plan of treatment or plan of care.

3.d. Prescribing Authority
The furnishing of drugs and devices occurs under physician supervision. Medications must be ordered pursuant to a standardized procedure and, when specified, a drug formulary.

All NPs who are authorized to furnish or issue drug orders for controlled substances shall register with the United States Drug Enforcement Administration.

The furnishing NP must meet educational requirements approved by the Bureau of Registered Nursing to order Schedule II Controlled Substances.

As defined in Section 11055 and 11056 of the Health and Safety Code, Schedule II or III controlled substances must be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician.

References:
Alliance Policies: 300-4040 – Professional Provider Credentialing Guidelines
300-5020 – Verification of Physician to Non-Physician Medical Practitioner Supervision Ratios
401-1515 – Nurse Midwife Guidelines
Regulatory: Laws and Regulations Relating to the Practice of Physician Assistants. Physician Assistant Committee of the Medical Board of California, January 2011.
Title 16 CCR Section 1399.540
Title 16 CCR Section 1399.545
Title 16 CCR Section 1399.545(e)
Title 22 CCR Section 51240-51241
Business and Professions Code Section 2834-2837
Business and Professions Code Section 3513-3519.5
Health and Safety Code Section 11055 and 11056
Contractual: Physician Services Agreement, Exhibit B, Section 12
Medi-Cal contract Exhibit A, Attachment 6, Provision 4
Legislative:
MMCD Policy Letter:
### POLICIES AND PROCEDURES

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<td><strong>Title:</strong> Non-Physician Medical Practitioner Guidelines</td>
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<td>401-1516 -- Physician Assistant Guidelines</td>
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**Revision History:**

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