



WYOMING LEGISLATIVE SERVICE OFFICE

# Research Memorandum

## PHYSICIAN ASSISTANT AND CERTIFIED NURSE MIDWIFE OVERSIGHT LAWS BY STATE

July 2024

by

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### QUESTION:

- What physician assistant supervision requirements are used in other states?
- What practice authority is granted to certified nurse midwives in other states?

### SHORT ANSWER:

The degree of supervision and relationship with a physician required for physician assistants and certified nurse midwives to practice is determined by state law. Four states, including Wyoming, do not have supervision or collaboration requirements for physician assistants. Thirty states, including Wyoming, grant certified nurse midwives full independent authority to practice with no physician oversight.

### DISCUSSION:

#### SCOPE OF PRACTICE LAWS

Scope of practice laws are state-specific restrictions enacted by state legislatures and regulating entities on what tasks a category of healthcare practitioner, like physician assistants (PAs) and certified nurse midwives (CNMs), may perform for patients.<sup>1</sup> Scope of practice laws include supervision and oversight requirements, the extent of a practitioner's authority to prescribe medications, and authority for a practitioner to provide signatures for certain forms.<sup>2</sup> This

<sup>1</sup> American Medical Association, *What Is Scope of Practice?* (2022), <https://www.ama-assn.org/practice-management/scope-practice/what-scope-practice>.

<sup>2</sup> Scope of Practice Policy, *Practitioner Scope of Practice*, National Conference of State Legislatures, <https://scopeofpracticepolicy.org/> (last accessed July 10, 2024).



*Source: Information compiled by LSO staff from NCSL, Physician Assistants: Supervision Requirements (Practice and Prescriptive Authority) (July 2024).*

Advanced practice registered nurses (APRNs) are registered nurses educated in a specific role and patient population at a master's or post-master's level.<sup>6</sup> Advance practice registered nurses serve in one of four roles:

- Certified nurse midwife;
- Certified nurse practitioner (CNP);
- Certified registered nurse anesthetist (CRNA); and
- Clinical nurse specialist (CNS).<sup>7</sup>

Certified nurse midwives are nurses educated in graduate-level midwifery programs accredited by the Accreditation Commission for Midwifery Education (ACME).<sup>8</sup> State law determines a certified nurse midwife's authority to practice with or without physician oversight.<sup>9</sup> Thirty states, including Wyoming, grant certified nurse midwives full authority to practice independently with no physician oversight. Sixteen states require a certified nurse midwife to have a relationship with a physician that outlines the certified nurse midwife's permitted procedures and requirements for physician consultation. Four states require a certified nurse midwife to complete a transition period before practicing independently. For a map of certified nurse midwife practice authority laws, see **Figure 2**.

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<sup>6</sup> National Council of State Boards of Nursing, *APRN Consensus Model*, <https://www.ncsbn.org/nursing-regulation/practice/aprn.page> (last accessed July 1, 2024).

<sup>7</sup> *Id.*

<sup>8</sup> American College of Nurse-Midwives, *The Credential CNM and CM*, <https://www.midwife.org/the-credential-cnm-and-cm> (last accessed July 1, 2024).

<sup>9</sup> National Conference of State Legislatures, *Advanced Practice Registered Nurses*, <https://www.ncsl.org/scope-of-practice-policy/practitioners/advanced-practice-registered-nurses/certified-nurse-midwife-practice-and-prescriptive-authority> (last accessed July 1, 2024) (The citation provided describes the remainder of the paragraph).



Practice and Procedure for the Licensure of Physician Assistants require a physician assistant to be supervised if the physician assistant has not passed the National Commission on Certification of Physician Assistants (NCCPA) certification examination.<sup>13</sup> The Wyoming Board of Medicine has the authority to determine supervisory requirements for physician assistants to the same extent as for physicians, and supervisory requirements are determined on a case-by-case basis.<sup>14</sup> A physician assistant cannot practice as a physician assistant without a license granted by the Wyoming Board of Medicine.<sup>15</sup> For the Wyoming Board of Medicine Rules of Practice and Procedure for the Licensure of Physician Assistants, see **Appendix B**.

### **Colorado – Supervisory Agreement to Collaborative Agreement**

Colorado statutes do not include physician assistants in the definition of “practice of medicine.”<sup>16</sup> A physician assistant may not provide care unless the physician assistant has entered into a collaborative agreement with a licensed physician.<sup>17</sup> A collaborative agreement is a written agreement describing the collaboration between the physician and the physician assistant.<sup>18</sup> Under a collaborative agreement, a licensed physician assistant may perform medical tasks for which physicians are authorized and are within the physician assistant’s education, experience, and competence.<sup>19</sup> A physician assistant with fewer than 5000 practice hours or a physician assistant changing practice areas with fewer than 3000 practice hours in the new practice area must enter into a supervisory agreement.<sup>20</sup> The supervisory agreement is a collaborative agreement requiring the first 160 practice hours of collaboration be completed in person or through technology and requiring a performance evaluation with the employer after six months and again after twelve months of practice.<sup>21</sup> A physician assistant is liable for the care the assistant provides.<sup>22</sup> Under Colorado regulations, a physician may be the main supervisor for no more than four physician assistants or apply for a waiver to extend the limit to as many as eight assistants.<sup>23</sup>

### **Idaho – Collaborative Agreement Allowed**

Under Idaho statutes, a physician assistant must collaborate with, consult with, or refer to at least one licensed physician to practice as indicated by the physician assistant’s education, experience, and competence.<sup>24</sup> The physician assistant is responsible for the care the assistant provides and is

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collaboration and supervision requirements, taking into consideration credentialing entity requirements and insurance provider requirements).

<sup>13</sup> Wyo. Board of Medicine Administrative Rules, Ch. 5 § 7(c).

<sup>14</sup> *Telephone Interview with Representative*, Wyoming Board of Medicine (June 28, 2024).

<sup>15</sup> W.S. § 33-26-504(a).

<sup>16</sup> Colo. Rev. Stat. § 12-240-107.

<sup>17</sup> Colo. Rev. Stat. § 12-240-107(6)(a).

<sup>18</sup> Colo. Rev. Stat. § 12-240-114.5(1)(b).

<sup>19</sup> Colo. Rev. Stat. § 12-240-107(6)(b).

<sup>20</sup> Colo. Rev. Stat. § 12-240-114.5(2)(a).

<sup>21</sup> Colo. Rev. Stat. § 12-240-114.5(2)(b).

<sup>22</sup> Colo. Rev. Stat. § 12-240-107(6)(j).

<sup>23</sup> Colo. Code Regs. §§ 3-713-7(2)(B)(3) and 3-713-7(2)(F)(1).

<sup>24</sup> Idaho Code § 54-1807A(2).

responsible for obtaining liability insurance if liability insurance is not provided by a healthcare facility.<sup>25</sup> Idaho statutes and regulations do not specify the number of physician assistants with whom a physician may enter into a collaborative agreement.<sup>26</sup> A physician assistant may independently own a medical practice in Idaho if the assistant has been licensed, registered, or certified as a physician assistant in any state, territory, or jurisdiction in the United States for at least two years.<sup>27</sup> A physician assistant who independently owns a medical practice must still have a collaborative practice agreement in place with a licensed physician.<sup>28</sup>

### **Montana – Collaborative Agreement to Supervision Not Required**

Under Montana statutes, a physician assistant with fewer than 8000 hours of postgraduate clinical experience must practice under a collaborative agreement with either a licensed physician or a licensed physician assistant with at least 8000 hours of postgraduate clinical experience.<sup>29</sup> The collaborative agreement requires the physician assistant to consult with the collaborating provider and holds the physician assistant responsible for care the assistant provides.<sup>30</sup> Under the collaborative agreement, the physician assistant and collaborating provider must be cognizant of the physician assistant’s qualifications and the collaborating provider must give direction and guidance to the physician assistant.<sup>31</sup> Montana statutes and regulations do not specify the number of physician assistants with whom a physician or another physician assistant may enter into a collaborative agreement.<sup>32</sup>

### **Nebraska – Supervision Required**

Nebraska statutes state a physician assistant may perform medical services as delegated by a supervising licensed physician with whom a collaborative agreement<sup>33</sup> is made and as appropriate to the education, experience, and training of the physician assistant.<sup>34</sup> The physician must continuously supervise the physician assistant, but the physician is not required to be physically present when the physician assistant is providing services.<sup>35</sup> A supervising physician may have a collaborative agreement with up to four physician assistants at a time, and a supervising physician may apply for a waiver of the supervisory limit.<sup>36</sup> If a physician assistant is working in a

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<sup>25</sup> *Id.*

<sup>26</sup> Scope of Practice Policy, *State Overview: Idaho*, National Conference of State Legislatures, <https://scopeofpracticepolicy.org/states/id/> (last accessed July 3, 2024).

<sup>27</sup> Idaho Code § 54-1807A(3).

<sup>28</sup> *Id.*

<sup>29</sup> Montana Code Ann. § 37-20-203(2).

<sup>30</sup> Montana Code Ann. § 37-20-203(3).

<sup>31</sup> *Id.*

<sup>32</sup> Scope of Practice Policy, *State Overview: Montana*, National Conference of State Legislatures, <https://scopeofpracticepolicy.org/states/mt/> (last accessed July 1, 2024).

<sup>33</sup> Neb. Rev. Stat. § 38-2050 (Nebraska statutes use the term “collaborative agreement” to refer to the agreement between the supervising physician and the physician assistant).

<sup>34</sup> Neb. Rev. Stat. § 38-2047(1).

<sup>35</sup> Neb. Rev. Stat. § 38-2047(3).

<sup>36</sup> Neb. Rev. Stat. § 38-2050(4).

multispecialty practice, the physician assistant must have a supervising physician for each specialty practice area in which the physician assistant performs medical services.<sup>37</sup>

### **Washington – Collaborative Agreement Allowed**

Under Washington statutes, a physician assistant may practice medicine to the extent permitted by a collaboration agreement with a physician.<sup>38</sup> In 2024, the Washington State Legislature enacted a bill requiring a physician assistant to work under the supervision of a physician if the physician assistant has completed fewer than 4000 hours of postgraduate clinical practice.<sup>39</sup> A physician assistant with at least 4000 hours of postgraduate clinical practice may work under a collaborative agreement with a physician if the physician assistant has completed at least 2000 supervised hours within the physician assistant’s chosen specialty.<sup>40</sup> A physician assistant who changes specialties after completing 4000 hours of postgraduate clinical practice must complete the first 2000 hours of practice in the new specialty under supervision by a physician.<sup>41</sup> The required supervision does not necessitate the personal presence of the supervising physician at the place where services are rendered.<sup>42</sup> Physician assistants are permitted to provide services based on their education, training, and experience in a manner consistent with the physician assistant’s collaboration agreement and as determined by either the participating physician or the physician assistant’s employer.<sup>43</sup> A physician assistant with at least ten years or 20,000 hours of postgraduate clinical experience in a specialty may provide those specialty services under a collaborative agreement with a participating physician who practices in a different specialty than the physician assistant if the practice is located in a rural or underserved area or is serving a medically underserved population.<sup>44</sup> The physician assistant retains responsibility for any practice of medicine performed by the physician assistant.<sup>45,46</sup> A physician assistant, physician, or employer may participate in more than one collaboration agreement if the physician or employer is reasonably able to fulfill the agreement.<sup>47</sup>

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<sup>37</sup> Neb. Rev. Stat. § 38-2047(2).

<sup>38</sup> H.B. 2041, 68<sup>th</sup> Leg., Reg. Session (Wash. 2024), § 5(1).

<sup>39</sup> H.B. 2041, 68<sup>th</sup> Leg., Reg. Session (Wash. 2024), § 5(2)(a).

<sup>40</sup> *Id.*

<sup>41</sup> H.B. 2041, 68<sup>th</sup> Leg., Reg. Session (Wash. 2024), § 5(2)(b).

<sup>42</sup> H.B. 2041, 68<sup>th</sup> Leg., Reg. Session (Wash. 2024), § 5(2)(c).

<sup>43</sup> H.B. 2041, 68<sup>th</sup> Leg., Reg. Session (Wash. 2024), § 5(3)(a).

<sup>44</sup> H.B. 2041, 68<sup>th</sup> Leg., Reg. Session (Wash. 2024), § 5(3)(c).

<sup>45</sup> H.B. 2041, 68<sup>th</sup> Leg., Reg. Session (Wash. 2024), § 6.

<sup>46</sup> *Behr v. Anderson*, 491 P.3d 189, 204, 2021 Wash. App. LEXIS 1681 (Wn. App. 2021), *cert. denied*, 502 P.3d 864, 2022 Wash. LEXIS 101 (Wash. 2022) (Prior to the 2024 legislation, Washington statute treated physician assistants as agents of the physician and held physician assistants to the standard of the physician. The 2024 legislation removes the supervising physician from responsibility for practice of medicine provided by the physician assistant).

<sup>47</sup> H.B. 2041, 68<sup>th</sup> Leg., Reg. Session (Wash. 2024), § 8(7) (Prior to the 2024 legislation, a physician was permitted to supervise no more than ten physician assistants and could petition for a waiver to the limitation).



## CERTIFIED NURSE MIDWIFE AUTHORITY IN WYOMING AND OTHER STATES

### Wyoming – Full Independent Practice

Wyoming statutes recognize advance practice registered nurses (including certified nurse midwives) and assign licensing through the Wyoming State Board of Nursing.<sup>48</sup> Both Wyoming statutes<sup>49</sup> and the Administrative Rules for the Board of Midwifery<sup>50</sup> describe specific circumstances in which a licensed midwife:

- May not provide care;
- May not provide care without physician involvement;
- Must recommend physician involvement to the client; or
- Must facilitate an immediate transfer to a hospital for emergency care.

For example, a licensed midwife must facilitate a hospital transfer if maternal fever in labor is measured at greater than 100.4 degrees Fahrenheit.<sup>51</sup> For the Wyoming Board of Midwifery Professional Responsibility rules, see **Appendix C**.

### Colorado – Full Independent Practice

The Colorado statutory definition of “practice of medicine” includes the practice of midwifery when not practiced by a certified nurse midwife<sup>52</sup> and requires midwives who are not certified nurse midwives to possess and file a license to practice medicine or practice as a physician assistant.<sup>53</sup> An advance practice registered nurse shall practice in accordance with the standards of the appropriate national professional nursing organization and have a safe mechanism for consultation/collaboration with or referral to a physician.<sup>54</sup> Colorado statutes do not specify restrictions on the authority of advanced practice registered nurses to practice independently but indicate such nursing includes referrals to other healthcare providers when appropriate.<sup>55</sup>

### Idaho – Full Independent Practice

Under the Idaho Administrative Code, certified nurse midwives are authorized to provide the full range of primary healthcare services to women throughout the lifespan of the woman.<sup>56</sup> Additionally, advanced practice registered nurses are considered licensed independent practitioners and assume responsibility and accountability for health promotion and maintenance as well as the assessment, diagnosis, and management of patient conditions.<sup>57</sup>

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<sup>48</sup> W.S. § 33-21-120.

<sup>49</sup> W.S. § 33-46-103.

<sup>50</sup> *Id.*

<sup>51</sup> Wyo. Board of Midwifery Administrative Rules, Ch. 7 § 1(e)(i).

<sup>52</sup> Colo. Rev. Stat. § 12-240-107(1)(7).

<sup>53</sup> Colo. Rev. Stat. § 12-240-107(3)(j).

<sup>54</sup> Colo. Rev. Stat. § 12-255-111(5).

<sup>55</sup> *Id.*

<sup>56</sup> Idaho Admin. Code r.24.34.01(6).

<sup>57</sup> Idaho Admin. Code r.24.34.01.200(4).



### **Montana – Full Independent Practice**

Montana statutes<sup>58</sup> and administrative rules<sup>59</sup> state advance practice registered nurse practice is an independent and/or collaborative practice and permit advanced practice registered nurses to independently perform tasks within the specified field of advanced practice including medical and nursing diagnoses, treating, and managing patients with acute and chronic illnesses. The administrative rules further define certified nurse midwifery as an independent and/or collaborative management of care of women that provides “a full range of primary healthcare services to women throughout the lifespan, including gynecologic care, family planning services, preconception care, prenatal and postpartum care, childbirth, and the care of the newborn in diverse settings.”<sup>60</sup>

### **Nebraska – Physician Relationship Required**

Nebraska statutes require a certified nurse midwife to enter into a practice agreement with a licensed practitioner which defines the medical functions and settings in which the certified nurse midwife is permitted to perform<sup>61</sup> and establishes conditions in which the certified nurse midwife is required to refer cases to the collaborating licensed practitioner.<sup>62</sup> A certified nurse midwife under a practice agreement is authorized to attend to normal childbirth cases, provide prenatal, intrapartum, and postpartum care, provide normal obstetrical and gynecological services, and provide care for newborns immediately following birth.<sup>63</sup>

### **Washington – Full Independent Practice**

According to Washington statutes, an advance practice registered nurse (including certified nurse midwives) is prepared and qualified to assume primary responsibility and accountability for patient care within the nurse’s role.<sup>64</sup> An advance practice registered nurse is a licensed independent practitioner who provides a wide range of health care services and may perform tasks which include examining and diagnosing patients, ordering diagnostic tests, and performing procedures and care services within the nurse’s scope of practice as defined by the nurse’s specialty designation.<sup>65</sup> Under Washington statute, advance practice registered nursing includes interprofessional interaction with other healthcare professionals and an advance practice registered nurse is responsible for maintaining a clear understanding of the nurse’s scope of practice.<sup>66</sup>

If you have any further questions, please do not hesitate to contact LSO Research at 777-7881.

<sup>58</sup> Montana Code Ann. § 37-8-409.

<sup>59</sup> Mont. Admin. R. § 24.159.1406(1).

<sup>60</sup> Mont. Admin. R. §24.159.1475.

<sup>61</sup> Neb. Rev. Stat. § 38-609.

<sup>62</sup> Neb. Rev. Stat. § 38-611.

<sup>63</sup> *Id.*

<sup>64</sup> Wash. Rev. Stat. § 246-840-300(1).

<sup>65</sup> Wash. Rev. Stat. § 246-840-300(2)(h) (For certified nurse midwives, the scope of practice is defined by the American Midwifery Certification Board).

<sup>66</sup> Wash. Rev. Stat. § 246-840-300(4),(5).

# Appendix A

ENROLLED ACT NO. 38, SENATE

SIXTY-SIXTH LEGISLATURE OF THE STATE OF WYOMING  
2021 GENERAL SESSION

AN ACT relating to physician assistants; amending and repealing provisions governing physician assistants; expanding the authorized scope of practice for physician assistants; and providing for an effective date.

*Be It Enacted by the Legislature of the State of Wyoming:*

**Section 1.** W.S. 33-26-513 is created to read:

**33-26-513. Advertising and display of license requirement.**

(a) Any advertisement for health care services that names a person practicing medicine as a physician assistant shall identify the license held under this article. The advertisement shall be free from deceptive or misleading information.

(b) A person practicing medicine as a physician assistant shall conspicuously post and affirmatively communicate to the patient the license held under this article. Posting and communication shall include:

(i) Wearing a photo identification name tag during all patient encounters. The name tag shall:

(A) Include a recent photograph of the licensed physician assistant;

(B) Include the license holder's name;

(C) Include the license held under this article;

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(D) Be of a sufficient size for a patient to read the contents of the name tag; and

(E) Be worn in a conspicuous manner so as to be visible and apparent to the patient.

(ii) Displaying in a conspicuous place in the office wherein the practice of medicine is conducted a license certificate or other writing issued by the board that clearly identifies the license held under this article. The certificate or other writing shall be of sufficient size so as to be visible and apparent to all current and prospective patients;

(iii) Compliance with these posting and communication requirements in each practice setting.

(c) A person practicing medicine as a physician assistant and working in a setting that does not involve direct patient care interaction is not subject to the posting and communication requirements in subsection (b) of this section.

**Section** 2. W.S. 33-26-102(a)(xi)(C), 33-26-501(a)(ii), 33-26-502(a), (b) and (e), 33-26-503(b)(ii) and (v)(intro), 33-26-504(a) and (c), 33-26-508(a) and 33-26-510(c) are amended to read:

**33-26-102. Definitions.**

(a) As used in this chapter:

(xi) "Practicing medicine" means any person who in any manner:

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(C) Attaches the title of M.D., D.O., P.A., physician, surgeon, osteopathic physician or osteopathic surgeon, doctor, physician assistant or any other words, letters or abbreviations or any combination thereof when used in the conduct of any occupation or profession pertaining to the prevention, diagnosis or treatment of human disease or condition unless the designation additionally contains the description of another branch of the healing arts for which one holds a valid license in this state; or

ARTICLE 5

PHYSICIAN ASSISTANTS

**33-26-501. Definitions.**

(a) As used in this article:

(ii) "License" means a license to practice medicine as a physician assistant in this state;

**33-26-502. Scope of W.S. 33-26-501 through 33-26-511; signature authority.**

(a) This article does not apply to persons enrolled in a physician assistant education program. ~~approved by the board.~~

(b) A physician assistant ~~assists in the practice of~~ is an individual who practices medicine. ~~under the supervision of a licensed physician. Within the physician/physician assistant relationship, physician assistants exercise autonomy in medical decision making and~~ A physician assistant is qualified by the individual's

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education, training and experience to provide a broad range of diagnostic, therapeutic and health promotion and disease prevention services. ~~The~~<sup>A</sup> physician assistant may ~~perform those duties and responsibilities delegated to him by the supervising physician when the duties and responsibilities are provided under the supervision of a licensed physician approved by the board, within the scope of the physician's practice and expertise and within the skills of the physician assistant.~~ collaborate with or refer to the appropriate member of a healthcare team as indicated by the condition of the patient and the education, experience and competence of the physician assistant and current standard of care. The degree of collaboration shall be determined at the practice level, which may include decisions made by the employer, group, hospital service or the credentialing and privileging systems.

(e) Except as otherwise provided by law and including the restriction in W.S. 33-26-510(c), a physician assistant ~~acting within the scope of the physician assistant's practice~~ may fulfill any requirement for a signature, certification, stamp, verification, affidavit, endorsement or other acknowledgement by a physician. ~~Nothing in this subsection shall be construed to expand the scope of practice of a physician assistant as provided in this article or to expand the duties and responsibilities delegated to a physician assistant by the physician assistant's supervising physician.~~

**33-26-503. Board powers and duties.**

(b) The board shall:

(ii) Investigate allegations that a physician assistant ~~or his supervising physician~~ has engaged in

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conduct constituting a ground for revocation in W.S. 33-26-402 or 33-26-508;

(v) Appoint members to serve on an advisory committee to the board of medicine. ~~At least two (2)~~ A majority of the members of the advisory committee shall be physician assistants. ~~and two (2) members shall be physicians.~~—The committee members are responsible to and shall serve at the board's pleasure. The advisory committee shall review and make recommendations to the board regarding all matters relating to physician assistants that come before the board, including but not be limited to:

**33-26-504. License required; application; qualifications; consideration of applications.**

(a) No person shall practice as a physician assistant or represent ~~that he is oneself as~~ a physician assistant without a license granted by the board.

(c) The board may issue a temporary license to any person who successfully completes a CAAHEP or other board approved program for the education and training of a physician assistant but has not passed a certification examination. To allow the opportunity to take the next available certification examination, any temporary license issued pursuant to this subsection shall be issued for a period not to exceed one (1) year and under conditions as the board determines pursuant to W.S. 33-26-505. The board may adopt rules to ensure that persons receiving a temporary license under this subsection are supervised by a physician assistant with not less than five (5) years of licensed experience who is approved by the board or by a physician who is approved by the board.



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**33-26-508. Suspension, restriction, revocation or nonrenewal of license.**

(a) The board may refuse to renew, and may revoke, suspend or restrict a license or take other disciplinary action, including the imposition of conditions or restrictions upon a license on one (1) or more of the grounds enumerated under W.S. 33-26-402~~(a)(i) through (x), (xii) and (xiv) through (xxxiv)~~ provided that each reference in W.S. 33-26-402(a) to the "practice of medicine," "practice medicine," or like phrase shall be deemed the "practice as a physician assistant" for purposes of this section.

**33-26-510. Prescription of drugs.**

(c) ~~A physician assistant may prescribe medications only as an agent of the supervising physician.~~ A physician assistant ~~may~~ shall not prescribe schedule I drugs as defined by W.S. 35-7-1013 through 35-7-1014. ~~The supervising physician may delegate authority to the~~ A physician assistant ~~to~~ may prescribe schedule II, III, IV or V drugs as defined by W.S. 35-7-1015 through 35-7-1022. A physician assistant may dispense prepackaged medications in rural clinics when pharmacy services are not physically available. The board shall, after consultation with the state board of pharmacy, promulgate rules and regulations governing the prescription of medications by a physician assistant.

**Section 3.** W.S. 33-26-501(a)(i), (iii)(C) and (v) through (vii), 33-26-503(b)(vii) and 33-26-504(e) through (g) are repealed.

ORIGINAL SENATE  
FILE NO. SF0033

ENGROSSED

ENROLLED ACT NO. 38, SENATE

SIXTY-SIXTH LEGISLATURE OF THE STATE OF WYOMING  
2021 GENERAL SESSION

**Section 4.** This act is effective January 1, 2022.

(END)

\_\_\_\_\_  
Speaker of the House

\_\_\_\_\_  
President of the Senate

\_\_\_\_\_  
Governor

TIME APPROVED: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

I hereby certify that this act originated in the Senate.

\_\_\_\_\_  
Chief Clerk

# Appendix B

# Medicine, Board of

## Medicine, Board of

### Chapter 5: Rules of Practice and Procedure for the Licensure of Physicians Assistants

Effective Date: 06/05/2024 to Current

Rule Type: Current Rules & Regulations

Reference Number: 052.0001.5.06052024

## CHAPTER 5

### RULES OF PRACTICE AND PROCEDURE FOR THE LICENSURE OF PHYSICIAN ASSISTANTS

**Section 1. Authority.** These rules are promulgated pursuant to authority granted by the Act and A.P.A.

**Section 2. Purpose.** These rules have been adopted to set forth the procedures of the board in the licensure and regulation of the practice of physician assistants in the state of Wyoming.

**Section 3. Definitions.** The definitions contained in the Act, the A.P.A., and Chapter 1 of these rules are incorporated herein.

**Section 4.** Repealed.

**Section 5. Advisory council.**

(a) Pursuant to Wyoming Statute 33-26-503(b)(v), the board of medicine shall appoint an advisory council to the board. This council shall consist of no less than two (2) members who shall be physician assistants holding an active license to practice in this state and no less than one (1) member who shall be a physician holding an active license to practice in this state. Additional members may be appointed at the discretion of the board; however, physician assistants shall always compose a majority of the appointed members of the council. The advisory council is responsible to and serves at the pleasure of the board.

(i) A chairman and vice-chairman shall be elected annually by a vote of the advisory council members.

(ii) Advisory council members shall serve one four (4) year term, with the ability to request reappointment by the board, not to exceed two (2) reappointments.

(b) Repealed.

(c) The advisory council shall meet in conjunction with the board for the purpose of interviewing candidates for recommendation to the board for licensure and other matters as directed by the board.

(d) Repealed.

**Section 6. License required, application, and supervision agreement.**

(a) No person may practice as a physician assistant or represent that he or she is a physician assistant without a license granted by the board.

(b) An application form, provided or approved in advance by the board, must be submitted to the advisory council and board. The application form must be complete in every

detail. For an application to be deemed complete and be considered, the following items must be received in the board office not less than 15 business days prior to the licensure interview date, should an interview be required of the applicant, or the supervising physician or supervising physician assistant, if one is required pursuant to W.S. 33-26-504(c):

- (i) The application form, complete in every detail and properly executed by the applicant;
  - (ii) The required fee, as set forth in Section 12 of this chapter;
  - (iii) Three (3) original references, submitted on a form approved by the board. A minimum of two (2) references must be from physicians with whom the applicant has practiced; the third reference may be from a physician or PA-C with whom the applicant has practiced. References from physicians or physician assistants with whom the applicant has a current or prospective financial, business or family relationship are not acceptable;
  - (iv) Proof of legal presence in the United States, pursuant to 8 U.S.C. 1621, on a form approved or prescribed by the Board;
- (c) If a supervising physician or supervising physician assistant is required pursuant to W.S. 33-26-504(c), a supervising agreement form, provided by the Board, must be submitted to the advisory council and the board by the supervising physician or supervising physician assistant. This form shall include, at a minimum:
- (i) The supervising physician's or supervising physician assistant's name, degree, license number, medical specialty (if any), and medical practice address and telephone number;
  - (ii) A detailed description of the medical practice and the duties of the physician assistant under the supervising physician's or supervising physician assistant's scope of practice, as well as the method(s) of supervision (e.g., over-the-shoulder, same office suite, radio, telephone, video, etc.) the supervising physician or supervising physician assistant will utilize.

**Section 7. Eligibility for Licensure.** The board may grant a physician assistant license to an applicant who:

- (a) Is not less than 21 years of age;
- (b) Has graduated from a physician assistant training program accredited by the CAAHEP or its predecessor or successor organization, or the ARC-PA;
- (c) Has passed a certification examination administered by the NCCPA or other national certifying agency established for such purposes which has been reviewed and approved by the board and is currently certified. An applicant who has not passed an approved certification examination shall be supervised by a physician, or supervising physician assistant with not less than five years of licensed experience in the active practice of medicine, approved in advance by the board, until such time as the applicant passes the examination and provides an official report from the NCCPA or other national certifying agency to the board. An applicant

requiring supervision shall be issued a temporary license, for a period not to exceed one year, pursuant to W.S. 33-26-504(c) and 505.

(d) Physician assistants licensed by the board prior to July 1, 1995 are not required to be currently certified by the NCCPA and are not required to provide proof of current NCCPA certification with any of the applications submitted to the board described in Section 8 below.

(e) Physician assistants may represent that they practice in one or more specialty areas of practice. These representations shall reflect the training and experience of the physician assistant and not be misleading.

(f) The board may grant an emeritus license to practice as a physician assistant, which may be used for the provision of uncompensated physician assistant services. Such license may be issued to an applicant who provides proof that the applicant is currently certified by the NCCPA and has maintained a physician assistant license in good standing in one or more jurisdictions of the United States or Canada for a period of not less than ten (10) years prior to applying for the emeritus physician assistant license and signs a statement he/she will not accept any form of remuneration for physician assistant services rendered while in the possession of an emeritus license. As part of the application process, an applicant for an emeritus physician assistant license who does not hold a current Wyoming physician assistant license shall complete to the satisfaction of a majority of the board members a personal interview consisting of inquiry and oral response to medical knowledge, personal and professional history and intentions for practicing as a physician assistant in this state. Such interview may be conducted by one (1) or more advisory council members and, if deemed appropriate by a majority of the advisory council, may be conducted by telephonic means.

(i) Physician assistants possessing an emeritus license shall:

(A) Annually sign a statement affirming that their physician assistant practice continues to be without remuneration; and

(B) Maintain current certification, in good standing, through the NCCPA including, but not limited to, the continuing education requirements thereof.

(ii) Repealed.

(g) The board may issue a volunteer/camp physician assistant license to a physician assistant who is in good standing in at least one U.S. (1) jurisdiction other than the state of Wyoming for the purpose of assisting in the practice of medicine as a volunteer, without compensation. An applicant for a volunteer/camp physician assistant license must complete and submit a form and documentation prescribed by the board, meet the requirements of W.S. 33-26-504, agree to comply with the Act and these rules, agree to be subject to the jurisdiction of the board, provide proof of licensure in good standing in at least one (1) U.S. jurisdiction other than the state of Wyoming, and pay the fee set by the board. A licensure interview is not required for issuance of a volunteer/camp physician assistant license. A volunteer/camp physician assistant license shall be valid for not more than twenty-one (21) consecutive days in any calendar year, and may not be renewed.



(A) In addition to submitting the fee, a physician assistant not licensed in this state who applies for a volunteer license shall submit on a form prescribed by the Board at a minimum the following information:

(I) Their full name, date of birth and social security number;

(II) The dates when the volunteer service will occur; and,

(III) The state where the physician assistant is currently licensed in good standing to practice medicine, and the physician's license number in that jurisdiction.

(B) Upon the board's receipt of an application for a volunteer license, the board shall query the National Practitioner Data Bank and the Federation of State Medical Boards' Physician Data Center regarding the physician assistant. If no adverse information is received from these reports, board staff shall issue the volunteer license, and report the issuance to the board at the board's next regularly-scheduled meeting. If any adverse information is received as a result of those queries, board staff will deny the application for a volunteer license.

(C) If a physician assistant's application for a volunteer license is denied pursuant to subparagraph (B), above, the physician assistant may request that determination be reviewed by the Application Review Committee. The Application Review Committee's decision that the physician assistant is not eligible to receive a volunteer license may be appealed to the full board.

(h) A person who has pled guilty or nolo contendere to, or has been convicted of, a felony or any crime that is a felony under Wyoming law in any state or federal court or any court of similar jurisdiction in another country may apply for licensure; however, the board may deny licensure based solely upon such plea or conviction.

## **Section 8. Consideration of applications.**

(a) The applicant for physician assistant licensure may be required to appear for a licensure interview before the advisory council. An applicant may be required to appear if one or more of the following applies:

(i) Is seventy (70) years old or older;

(ii) Has been licensed as a physician assistant for more than thirty-five (35) years;

(iii) Has answered "Yes" to one or more questions on the application form regarding physical or mental impairment, substance or alcohol abuse, criminal convictions, liability claims, prior disciplinary actions, restrictions or conditions on medical licensure, including relinquishment or surrender of a physician assistant license, or restriction, suspension, or resignation while under investigation, of hospital privileges;

(iv) Information acquired or received by the board indicates the applicant may not possess sufficient medical training, skill or experience appropriate for the applicant's

intended practice in this state;

(v) The applicant's education and/or training verification documents indicate an unexplained delay in completion of his education or training;

(vi) The applicant's verification documents indicate more than one attempt at passage of any examination necessary to obtain initial licensure or to maintain ongoing licensure;

(vii) The applicant's verification documents indicate failure to pass the NCCPA recertification examination;

(viii) One or more advisory council member(s) determine that there are issues raised by the application and/or any supporting or verification documents that should be addressed in an interview with advisory council members;

(ix) Whose temporary license was deferred by the application review committee;

(x) The applicant has not previously engaged in active practice as a physician assistant for a period of at least twelve (12) continuous months;

(xi) The applicant has been convicted of or pled guilty or nolo contendere to a charge of driving while under the influence of an intoxicant within five (5) years of the date of his/her application;

(xii) The applicant has not been engaged in active practice as a physician assistant in the immediately-preceding two (2) year period;

(xiii) Failure to fully and completely answer one or more questions on the application form or failing to answer one or more questions truthfully; or,

(xiv) The applicant's post graduate work and/or employment history indicate an unexplained gap.

(b) The supervising physician or supervising physician assistant shall complete and submit a supervision agreement form describing his willingness to undertake full responsibility for the physician assistant's professional actions and such other actions as may affect patients, and setting forth the conditions of his supervision of the physician assistant;

(c) Physicians or physician assistants who have conditions or restrictions upon their license or privileges issued by the board or other state medical licensing board or health care facility may apply to supervise a physician assistant. All applications submitted by physicians or physician assistants with restrictions or conditions on their license or clinical privileges shall be reviewed by the board and the application to supervise a physician assistant may be denied on the grounds that the supervising physician or supervising physician assistant has restrictions or conditions on their license. The board may, in its discretion, require an interview with an applicant, or the applying supervising physician or supervising physician assistant, under this subsection.

(d) If a physician assistant requires supervision pursuant to subsection 7(c) of this chapter, the advisory council may require a supervising physician or supervising physician assistant to interview in person before the advisory council to determine the supervising physician's or supervising physician assistant's ability to properly supervise the physician assistant and his willingness to accept the responsibility of supervision of a physician assistant.

(e) If a physician assistant who requires supervision pursuant to subsection 7(c) of this chapter changes supervising physician or supervising physician assistant, but remains in the same practice situation and location, the physician assistant shall submit an application on a form approved by the board explaining the change. The supervising physician or supervising physician assistant shall also complete and submit an application describing his willingness to undertake full responsibility for the physician assistant's professional actions and such other actions as may affect patients. Under these circumstances, an interview may be required if deemed appropriate by the advisory council or the board. If initial licensure fees have been paid, no further fees will be assessed.

(f) If a physician assistant who requires supervision pursuant to subsection 7(c) of this chapter changes job situations or locations within the state under a new supervising physician or supervising physician assistant, the physician assistant shall submit an application on a form approved by the board explaining the change, and pay a supervisor change fee. The supervising physician or supervising physician assistant shall also complete and submit a supervising agreement form describing his willingness to undertake full responsibility for the physician assistant's professional actions and such other actions as may affect patients. A subsequent interview may be required by the advisory council or the board.

(g) If a physician assistant who requires supervision pursuant to subsection 7(c) of this chapter leaves the state for employment and returns, a new supervising physician or supervising physician assistant application and fees must be submitted to the advisory council and board for approval. An interview may be required.

(h) Following review of the application documents and, where appropriate an interview, the advisory council shall make its recommendations to the board regarding licensure of a physician assistant to practice in Wyoming. The final decision remains with the board.

(i) If a licensed physician requires the emergency assistance of a physician assistant who requires supervision pursuant to subsection 7(c) of this chapter, the supervising physician or supervising physician, and the physician assistant to be supervised shall, within two (2) business days of the emergent situation, submit to the board on form prescribed by the board a statement detailing the circumstance of the emergency and the need for the assistance of the physician assistant without the board's prior approval. If it is determined that the situation was not an emergency or if it was not appropriate to involve the physician assistant, both the supervising physician or supervising physician assistant and the physician assistant may be subject to disciplinary action.

(j) Applications submitted to the board for initial licensure as a physician assistant expire six (6) calendar months after the date the application document is received in the board office.

(k) Licensure interviews shall be conducted in person (unless otherwise specifically permitted by these rules) and shall consist of oral questions by the physician assistant advisory council and oral responses by the applicant. By his or her responses to questions posed in the licensure interview, the applicant must demonstrate to the satisfaction of a majority of the board that he or she is qualified to practice as a physician assistant in this state, that (1) he or she possesses a minimum fund of general and identified scope of practice medical knowledge appropriate for the applicant's intended practice in this state, (2) he or she possesses sufficient medical training and medical experience appropriate for the applicant's intended practice in this state, (3) he or she possesses personal and professional character and integrity befitting practice as a physician assistant, and (4) that there are no other factors contained in the application or disclosed in the licensure interview that would demonstrate that the applicant would be unable to practice as a physician assistant in a safe and competent manner.

(l) Licensure interviews may be conducted by video conference or other electronic means in the sole discretion of the advisory council.

(m) Licensure interviews. If an application or any information received by the Board or the advisory council demonstrates that an applicant is of a status or possesses one or more of the following characteristics, or if any advisory council or Board member believes a licensure interview is necessary given the information contained on the application, the applicant may be required to submit to a licensure interview before the advisory council and/or the Board:

(A) Is seventy (70) years old or older;

(B) Has been licensed as a physician assistant for more than thirty-five (35) years;

(C) Has answered "Yes" to one or more questions on the application form regarding physical or mental impairment, substance or alcohol abuse, criminal convictions, liability claims, prior disciplinary actions, restrictions or conditions on medical licensure, including relinquishment or surrender of a medical license, or restriction, suspension, or resignation while under investigation, of hospital privileges;

(D) Information acquired or received by the board indicates the applicant may not possess sufficient medical training, skill or experience appropriate for the applicant's intended practice in this state;

(E) The applicant's education and/or training verification documents indicate an unexplained delay in completion of his medical education or postgraduate training;

(F) The applicant's verification documents indicate more than one attempt at passage of any examination necessary to obtain initial licensure or to maintain ongoing licensure;

(G) The applicant's verification documents indicate failure to pass specialty recertification examinations;

(H) One or more board member(s) determine that there are issues raised by the application and/or any supporting or verification documents that should be addressed by the

advisory council and/or the Board;

(I) The applicant has not previously engaged in the active as a physician assistant for a period of at least twelve (12) continuous months;

(J) The applicant has been convicted of or pled guilty or nolo contendere to a charge of driving while under the influence of an intoxicant within five (5) years of the date of his/her application;

(K) The applicant has not been engaged in the active practice as a physician assistant in the immediately-preceding two (2) year period;

(L) Failure to fully and completely answer one or more questions on the application form or failing to answer one or more questions truthfully; or,

(M) The applicant's work and/or employment history indicate an unexplained gap.

**Section 9. Temporary license, expedited temporary license, initial licensure.**

(a) For purposes of this section, the following definitions apply:

(i) "Clean application" means that the physician assistant applicant has none of the following:

(A) Professional liability insurance settlement(s) or payment(s) in excess of \$50,000 individually or \$100,000 in the aggregate;

(B) Criminal record;

(C) Medical condition(s) which could affect the physician assistant's ability to practice safely;

(D) Licensing or regulatory board complaint(s), investigation(s), or action(s) (including withdrawal of a licensure application);

(E) Adverse action taken by a health care entity;

(F) Investigation(s) or action(s) taken by a federal agency, the United States military, medical society or association; or,

(G) Suspension or expulsion from, or disciplinary action in, any academic program, including physician assistant school and any post-graduate training program.

(ii) "Core application documents" means the following:

(A) The required application form(s), including the supervising agreement form, if required under subsection 7(c) of this chapter, and appropriate fee(s);

(B) Form and supporting document(s) demonstrating proof of legal presence in the U.S. pursuant to 8 U.S.C. § 1601, et seq.;

(C) Verification of current certification by, and good standing with, the NCCPA;

(D) FSMB Board Action Databank report; and,

(E) NPDB report.

(b) License Application Processing, Review and Interviews. When an applicant's core application documents have been received by the board and are deemed to be satisfactory, the executive director or his designee will review the application and supporting materials to determine whether a licensure interview of the applicant will be required pursuant to this rule. If the executive director or his designee determines that the applicant will not, in all likelihood, be required to have a licensure interview pursuant to this chapter, the applicant has been continually licensed in good standing (not including training licenses) for the preceding three (3) years in one or more states and/or the District of Columbia, and the applicant has a clean application, the executive director may, acting on behalf of the advisory council and the board, issue a temporary license to the applicant pursuant and subject to these rules, including the requirement for a complete application set forth therein. The temporary license shall be valid until 8:00 a.m. of the first day of the next regularly-scheduled board meeting.

(c) If an applicant is not issued a temporary license pursuant to subsection (b) of this section, when the application is deemed complete pursuant to subsection 6(b) of this chapter, the physician assistant's application for licensure shall be sent to the advisory council for review. Upon the positive recommendation of a majority of the members of the advisory council, the physician assistant's application will be forwarded to the board's Application Review Committee for consideration of issuance of a temporary license to be valid until 8:00 a.m. of the first day of the next regularly-scheduled board meeting.

(d) A temporary license may be issued under subsection (b) of this section, and subsection 7(c) of this chapter, to a physician assistant who meets all requirements for licensure except completion of the NCCPA certification examination, pursuant to subsection 7(c) of this chapter and W.S. 33-26-504(c) and 505.

(e) A physician assistant who receives a temporary license under this section remains subject to the requirement for a personal interview with the advisory council and/or the board in this chapter.

(f) Temporary licenses issued less than fifteen (15) business days prior to the next regularly-scheduled board meeting will be valid until the later of a vote of board members on the application pursuant to these rules, or 8:00 a.m. on first day of the second regularly-scheduled board meeting after issuance.

(g) Upon written request received from the holder of a temporary license not less than seven (7) days before expiration of the temporary license, the executive director may extend a temporary license for an additional term no longer than the later of a vote of board members on

the application pursuant to these rules, or the date of the next regularly-scheduled board meeting after extension of the temporary license. The holder of a temporary license may request no more than one (1) extension of the temporary license under this subsection.

(h) If, upon review of the application of a person who is granted a temporary license under subsection (b) or (c) of this section, one or more advisory council or board members request that the holder of the temporary license appear for a licensure interview, the executive director may extend the temporary license held by that person until 8:00 a.m. on the first day of the second regularly-scheduled board meeting after issuance of the temporary license.

(i) If the advisory council does not meet in conjunction with a regularly-scheduled board meeting, the executive director may, in his discretion, extend temporary licenses due to expire at that board meeting until the next regularly-scheduled board meeting.

(j) All applicants who are granted a temporary license under subsection (b) of this section are required to submit all documentation and materials necessary to ensure that their license application is complete in accordance with this chapter. Failure to have a complete license application within 180 days of issuance of a temporary license may result in denial by the board of the application for licensure pursuant to W.S. 33-26- 202(b)(i).

(k) If the supervision by a supervising physician or supervising physician assistant of a physician assistant practicing under a temporary license issued pursuant to subsection 7(c) of these rules is terminated for any reason, and the physician assistant does not have another board-approved supervising physician or supervising physician assistant, the physician assistant's temporary license will automatically convert to "inactive," and the physician assistant may not resume practicing until a new supervising physician or supervising physician assistant is approved by the board.

#### **Section 10. Repealed.**

#### **Section 11. Term of license, renewal, duplicate and voluntary relinquishment.**

(a) License Renewal and Deadline. Physician assistant licenses originally issued between January 1<sup>st</sup> and August 31<sup>st</sup> shall be due for first-time renewal no later than the immediately following December 31<sup>st</sup>. Physician assistant licenses originally issued between September 1<sup>st</sup> and December 31<sup>st</sup> shall be valid through, and due for first-time renewal no later than, December 31<sup>st</sup> of the following calendar year. Regardless of the original issue date, after first-time license renewal, all physician assistant licenses shall be renewed not later than December 31<sup>st</sup> of each calendar year. A physician assistant may renew a license by sending a signed renewal questionnaire and renewal fee to the board, or completing an on-line renewal form and submitting a renewal fee prior to expiration of current license.

(i) License Renewal Form. A physician assistant may renew a license by submitting an application for renewal each year in a format or form provided by the board. The board may utilize paper or electronic forms, or a combination of both.

(ii) License Renewal Grace Period. Licensees who fail to submit an application for renewal by December 31<sup>st</sup> may submit an application, the requisite renewal fee,



and the license renewal grace period surcharge no later than March 31st.

(b) Reactivation of a lapsed physician assistant license.

(i) A licensee may apply to reactivate a lapsed physician assistant license by submitting the following:

(A) An application on a form prescribed by the board;

(B) Payment of the applicable fees established by the Board by rule;

and,

(C) Two (2) references as described in section 4(a)(iv) of this Chapter.

(ii) The holder of a lapsed physician assistant license must also submit proof of completion of not less than sixty (60) hours of qualified continuing medical education, as defined in chapter 5, subsection 21(a) of these rules, within the preceding three (3) years. This subsection shall not apply to the holder of a lapsed license who is otherwise exempt from the continuing medical education requirement pursuant to chapter 5, subsection 21(b) of these rules.

(iii) License Reactivation Application Processing, Review and Interviews.

(A) When all application materials required in subsections (a) and (b) have been received and are deemed to be satisfactory, the executive director or his designee shall review the application and supporting materials and may, acting on behalf of the Board, issue a temporary license to the applicant pursuant and subject to Chapter 5, Section 9 of these rules. If the executive director or his designee declines to issue a temporary license to the applicant, the applicant's file shall be presented to the application review committee. The application review committee may:

(I) Issue a temporary license to the applicant, pursuant and subject to Chapter 5, Section 9 of these rules;

(B) Defer action on the application until the applicant appears for a licensure interview; or,

(C) Advise the applicant in writing that the application review committee will bring proceedings to deny the application for licensure, following the procedure set forth in Chapter 7 of these Rules.

(iv) A summary of each applicant's licensure file and application will be sent to all members of the Board prior to the next regularly-scheduled board meeting, and any board member may request that the applicant appear for a licensure interview

(v) Following a licensure interview (if one is required), the board shall, by a vote of the board members present:

(A) Grant a license;

(B) Refer the application to the application review committee to bring proceedings to deny the application upon stated reasons, following the procedure set forth in Chapter 7 of these Rules;

(C) Allow the applicant to withdraw the application;

(D) Agree in writing signed by the applicant, to the issuance of a license subject to restrictions and/or conditions; or

(E) Defer action pending successful completion by the applicant of a medical competence examination such as the special purpose examination (SPEX) and/or such other examination, review, evaluation or course of study designated by the board and/or the board's receipt, review and approval of other information requested during the interview.

(vi) If an applicant for reactivation does not have a licensure interview, a license may be reactivated only upon a majority vote of the board. The board may conduct this vote by voice vote, and may do so using a consent list showing applicants for approval.

(vii) If the board denies reactivation of a lapsed license, the applicant may appeal that decision pursuant to W.S. 33-26-407(a).

(c) A physician assistant may apply for a duplicate license if a license is lost, stolen, or destroyed.

(d) A physician assistant may offer to voluntarily relinquish a license at any time, however the board may, at its discretion, refuse to accept such offer.

(e) Notwithstanding the foregoing, in a public health emergency declared by the Governor, a physician assistant license which lapsed due to non-renewal may be emergently reactivated. The physician assistant shall submit an application on a form provided or approved by the board. The application shall be reviewed by the executive director or his designee, who shall have sole discretion whether to approve the application; if the application is denied, it will be deemed converted to an application for regular reactivation under subsection (b) of this section. There is no fee for this application or license, and the emergently reactivated license shall automatically expire upon the termination of the public health emergency. A physician assistant wishing to practice after the end of the emergency reactivation granted under this subsection shall follow the reactivation process set forth in subsection (b) of this section before doing so. The following criteria must be met for approval of emergency reactivation of a license under this subsection:

(i) The physician assistant must submit an application on a form provided, or approved, by the board;

(ii) The physician assistant must have held a full, unrestricted license to practice as a physician assistant in Wyoming no less recently than December 31, 2021, or have held a full, unrestricted license to practice as a physician assistant in Wyoming no less recently than December 31, 2017 and been engaged in active practice as a physician assistant in another jurisdiction no later than December 31, 2019; and,

(iii) Queries regarding the physician assistant to the National Practitioner Data Bank and the FSMB’s Physician Data Center do not reveal revocation, surrender, relinquishment, suspension or other termination of the physician assistant’s license or privileges to practice in any state, hospital, or health care facility.

**Section 12. Physician Assistant Fees.**

(a) Pursuant to W.S. 33-26-507(a) the board shall collect the following fees:

Application and license [Includes the cost of 1 NPDB report, 1 criminal record check (if necessary), temporary license (if granted) pending completion and review of licensure application at next board meeting, and initial license (if granted)] .....	\$200.00
Application to convert from public health emergency licensure exemption to full, unrestricted physician assistant licensure (pursuant to Ch. 1, Sec. 7(d)(i)(D) of these Rules) and initial license fee [Includes the cost of 1 NPDB report, 1 criminal record check (if necessary), temporary license (if granted) pending completion and review of licensure application at next board meeting, and initial license (if granted)] .....	\$100.00
Paper form license application processing fee.....	\$25.00
Annual renewal of license.....	\$80.00
Paper form license renewal processing fee.....	\$10.00
License renewal grace period surcharge.....	\$50.00
Reactivation of license [Includes the cost of 1 NPDB report, 1 criminal record check (if necessary), and temporary license (if granted) pending completion and review of the licensure application at the next board meeting, and initial license (if granted)] .....	\$100.00
Reinstatement of license [Includes the cost of 1 NPDB report, 1 criminal record check (if necessary), and license (if reinstatement is granted) through December 31st. Costs may also be imposed in addition to the reinstatement fee.].....	\$150.00
Extension of temporary license.....	\$25.00
Volunteer license .....	\$15.00
Supervisor change fee.....	\$10.00
Emeritus license .....	No charge

(b) Application fees shall be paid to the board in the form of cashier's check or money order. All other fees shall be paid to the board in the form of a check, cashier's check or money order; however, on-line applications for licenses or renewal of licenses and license applications may be paid by credit card.

(c) Fees are not refundable.

(d) Requested paperwork shall not be processed until appropriate fees are received by the board.

**Section 13. Denial, revocation or suspension of license.**

(a) The board shall have the authority to deny an application for a license by, place restrictions or conditions on the license of, or revoke or suspend the license of, a physician assistant for, but not limited to, those grounds set forth in W.S. 33-26-402, 33-26-508 and any of the following reasons if the physician assistant:

(i) Has held himself or herself out, or permitted another to represent him or her, as a licensed physician.

(ii) Repealed.

(iii) Repealed.

(iv) Repealed.

(v) Repealed.

(b) A hearing to deny an application for licensure or for reactivation of a license, place restrictions or conditions on a license, or to revoke or suspend a license, of a physician assistant, shall be conducted following the procedure set forth in Chapter 7 of these rules. If the board denies the license application, places restrictions or conditions on a license, or revokes, suspends or takes other action against a license, it shall issue a final order reflecting such action supported by findings of fact and conclusions of law.

(c) On the date of issuance of such final order, the executive director shall send a copy of such order to the applicant by certified mail at the address shown on the application or at the most recent address provided by the licensee.

**Section 14. Appeal following denial of initial license application, reinstatement or reactivation.** An applicant who is denied a license, reinstatement or reactivation of a physician assistant license may appeal such final order to the district court pursuant to W.S. 16-3-114.

**Section 15. Repealed.**

**Section 16. Repealed.**

**Section 17. Repealed.**

**Section 18. General provisions.**

(a) The supervising physician or supervising physician assistant shall notify the board of any change of practice location or supervisory status of a physician assistant licensed in the state of Wyoming, and working under the supervising physician's or supervising physician assistant's supervision, within thirty (30) days of the effective date of such change.

(b) When complying with W.S. 33-26-513, a physician assistant license or license holder shall be identified as “physician assistant.”

(c) Repealed.

(d) Repealed.

(e) Medical supervision of a physician assistant by other than an approved physician or physician assistant is prohibited.

(f) Repealed.

**Section 19. Repealed.**

**Section 20. Supervision and protocol requirements.** All physician assistant supervision arrangements formed or submitted to the Board shall comply with the following requirements:

(a) A supervising physician or supervising physician assistant, and any physician assistant under his supervision, shall maintain on file with the Board a current supervision plan approved pursuant to section 8(h) of this chapter.

(b) The supervision plan shall be submitted as part of any application by a supervising physician and/or supervising physician assistant, or group of supervising physicians and/or supervising physician assistants.

(c) Before a supervising physician or supervising physician assistant, and the physician assistant(s) being supervised, may change a supervision plan previously approved by the Board, they shall submit a revised supervision plan on an application form published by the Board. The revised supervision plan application shall be reviewed by the advisory council and the Board pursuant to section 8(h) of this chapter.

(d) Supervising physicians and supervising physician assistants, and the physician assistant(s) being supervised, shall maintain documentation to demonstrate compliance with the elements of the supervision plan.

(e) A supervising physician or supervising physician assistant, and the physician assistant(s) being supervised, shall, upon written request from the Board, produce within twenty (20) days of receipt of the Board's request any documentation maintained pursuant to subsection (d).

(f) In addition to the ability to request documentation pursuant to subsection (e) the Board may, from time to time, conduct an audit of approximately ten (10) percent of then-active supervisory relationships, selected by random means, by requesting from the selected supervising physician or supervising physician assistant, and the physician assistant(s) being supervised, any documentation from the past three (3) years maintained pursuant to subsection (d).

(g) Effective January 1, 2022, any board-approved supervision agreement between a supervising physician and a physician assistant who has passed the NCCPA or other national certifying examination pursuant to subsection 7(c) of this chapter shall be deemed terminated. Nothing in this subsection shall be deemed to affect any approved supervision agreement between a physician and a physician assistant who has not passed the NCCPA or other board-approved certifying examination. Physicians and physician assistants who have passed the NCCPA or other approved certifying examination remain free to associate, collaborate, or otherwise practice cooperatively.

**Section 21. Continuing medical education.**

(a) To renew, reinstate or reactivate a physician assistant license in Wyoming, a physician assistant shall verify one or more of the following:

(i) Continued participation in the NCCPA maintenance of certificate process, including completion of not less than 60 continuing medical education credits during the preceding three calendar years;

(ii) Completion of not less than 60 hours of continuing medical education credits during the preceding three calendar years;

(iii) Documented volunteer service rendering clinical care in a nonprofit health care facility in this state to low income uninsured persons while holding an emeritus license in good standing, such CME to be credited at the rate set forth in Chapter 1, Section 5(a)(v)(A)(II) of these rules; or,

(iv) Documented volunteer service to the board as a medical consultant, such service to be credited as CME at the rate of one (1) hour of continuing medical education credit per two (2) hours of service as a consultant, not to exceed twenty (20) hours' CME credit in a calendar year.

(b) The following persons shall not be subject to the continuing medical education requirement of subsection (a) of this section:

(i) A physician assistant who has been certified or recertified by the NCCPA within the past three years as of the renewal date;

(ii) A physician assistant who has held a Wyoming physician assistant license less than three years as of the renewal date;

(iii) A physician assistant who holds an inactive license to practice medicine in Wyoming as defined in Ch. 1, Sec. 5(a)(iv) of these rules and who indicate such status by written notice to the board.

(c) Upon written request specifying the reasons for an exemption, the board may grant an exemption to a physician assistant of all or part of the requirements of circumstances beyond the control of the licensee, such as temporary disability, mandatory military service or officially declared disasters.

(d) Upon written request received in the board offices on or before the renewal date and for good cause shown, the board may grant an extension of the deadline requirements for up to one year.

(e) Each year, accompanying the application for renewal of a license to practice medicine or accompanying a petition for reactivation or reinstatement of his/her license, a physician assistant shall submit a license renewal application provided by the board requiring the license holder to verify that he/she has met the CME requirements described above or that he/she holds an inactive physician assistant license or is otherwise exempt from these rules.

(f) Physician assistants shall maintain CME records for no less than four (4) years and such records shall be made available to the board upon request.

(g) Failure to complete CME requirements as described in this rule may cause the physician assistant to be ineligible for annual license renewal. Failure to produce records reflecting that a physician assistant has completed the required minimum continuing medical education hours upon written request by the board may constitute unprofessional conduct under W.S. 33-26-402(a)(xxviii).

(h) The board shall periodically conduct a random audit of approximately ten (10%) percent of its physician assistant licensees to determine compliance with these rules. The physician assistants selected for the audit shall provide a signed statement of completion of the required hours and all supporting documentation within forty-five (45) days of the date of the notice of the audit. Failure to comply with the audit may subject the physician assistant to disciplinary action by the board as set forth above in subsection (g). If found to have not completed the requirement noted above, a physician assistant shall have not more than six (6) months within which to comply with this rule.



# Appendix C

# Midwifery, Board of

## Midwifery, Board of

### Chapter 7: Professional Responsibility

Effective Date: 10/26/2021 to Current

Rule Type: Current Rules & Regulations

Reference Number: 036.0001.7.10262021

## Chapter 7

### Professional Responsibility

**Section 1. Scope and Practice Standards.** A licensed midwife shall adhere to the following scope and practice standards when providing antepartum, intrapartum, postpartum, and newborn care.

(a) The Board hereby incorporates by reference the following uniform rules outlining the scope and practice standards:

(i) Philosophy and Principles of Practice and Scope of Practice, adopted by the NACPM revised 2004, found at: <http://nacpm.org/about-cpms/professional-standards/>

(ii) For these rules incorporated by reference:

(A) The Board has determined that incorporation of the full text in these rules would be cumbersome or inefficient given the length or nature of the rules;

(B) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (a) of this section; and

(C) The incorporated rule is maintained at Board Office and is available for public inspection and copying at cost at the same location.

(b) **Conditions for Which a Licensed Midwife May Not Provide Care.** A licensed midwife shall not provide care to a client with any of the disorders, diagnoses, conditions or symptoms listed in Wyoming Statute 33-46-103(j)(i)(A).

(c) **Conditions for Which a Licensed Midwife May Not Provide Care Without Physician Involvement.** Before providing care to a client with any of the disorders, diagnoses, conditions or symptoms listed in W.S. 33-46-103(j)(i)(B), the licensed midwife shall notify the client in writing that the client shall obtain the described physician care as a condition to the client's eligibility to obtain maternity care from the licensed midwife. The licensed midwife shall, additionally, obtain the client's signed acknowledgement that the client has received the written notice. A licensed midwife must also follow the requirements in this section if the client has any of the following:

(i) HIV positive; or

(ii) Anemic with documented hemoglobin at less than ten (10) at thirty seven (37) weeks.

(d) Follow the Conditions for Which a Licensed Midwife Shall Recommend Physician Involvement as referenced in the Act. Before providing care for a client with a history of any of the disorders, diagnoses, conditions or symptoms listed in W.S. 33-46-103(j)(i)(C), a licensed midwife shall provide written notice to the client that the client is advised to see a licensed physician during the client's pregnancy. Additionally, the licensed midwife shall obtain the client's signed acknowledgement that the client has received the written notice.

(e) Conditions for Which a Licensed Midwife Shall Facilitate Hospital Transfer as referenced in the Act. A licensed midwife shall facilitate the immediate transfer of a client to a hospital for emergency care if the client has any of the following disorders, diagnoses, conditions or symptoms listed in W. S. 33-46-103(j)(i)(D) or any of the following:

(i) Maternal fever in labor of more than 100.4 degrees Fahrenheit, in the absence of environmental factors;

(ii) Suggestion of fetal jeopardy, such as any abnormal bleeding (with or without abdominal pain), evidence of placental abruption, thick meconium, or abnormal fetal heart tones with non-reassuring patterns where birth is not imminent;

(iii) Noncephalic presentation at the onset of labor or rupture of membranes, whichever occurs first, unless birth is imminent or;

(iv) Rupture of membranes:

(A) longer than eighteen (18) hours without a documented negative Group B Streptococcus (GBS) screen and without intravenous (IV) antibiotic treatment;

(B) longer than twenty-four (24) hours without a documented negative GBS screen and with IV antibiotic treatment from the onset of labor or rupture of membranes, whichever occurs first;

(C) longer than twenty-four (24) hours with a documented negative GBS screen and without IV antibiotic treatment; or

(D) longer than thirty-six (36) hours with a documented negative GBS screen and IV antibiotic treatment.

(f) Plan for Emergency Transfer and Transport. When facilitating a transfer, the licensee shall notify the hospital when the transfer is initiated, accompany the client to the hospital if feasible, or communicate by telephone with the hospital if the licensed midwife is unable to be present. The licensed midwife shall also ensure that the transfer of care is accompanied by the client's medical record, which include:

(i) The client's name, address, and next of kin contact information;

(ii) A list of diagnosed medical conditions;

- (iii) A list of prescription or over the counter medications regularly taken;
- (iv) A history of previous allergic reactions to medications; and
- (v) If feasible, the licensed midwife's assessment of the client's current medical condition and description of the care provided by the licensed midwife before transfer.

**Section 3. Record Keeping.** Each client record shall be retained for a minimum of ten (10) years after the birth during which time reasonable efforts are to be made to advise clients of closure of practice or change in record location.

**Section 4. Written Informed Consent.** The licensee shall provide to the client written informed consent documents in accordance with W.S. 33-46-103(j)(ii).

**Section 5. Medication Formulary.** During the practice of midwifery a licensed midwife may obtain and administer the following drugs described in the midwifery formula, according to the protocol outlined in Appendix A, describing the indication for use, dosage, route of administration and duration of treatment:

- (a) Oxygen;
- (b) Oxytocin as a postpartum antihemorrhagic agent;
- (c) Misoprostol as a postpartum antihemorrhagic agent;
- (d) Methylergonovine (Methergine) as a postpartum antihemorrhagic agent;
- (e) Injectable local anesthetic for the repair of lacerations which are no more extensive than second degree;
- (f) Antibiotics for group B streptococcus prophylaxis consistent with the guidelines set forth in Prevention of Perinatal Group B Streptococcal Disease, published by the Centers for Disease Control and Prevention and for prolonged rupture of membranes;
- (g) Epinephrine administered via a metered dose auto-injector;
- (h) Intravenous fluids for stabilization of the woman;
- (i) Rho(D) immune globulin;
- (j) Phylloquinone (Vitamin K1);
- (k) Eye prophylactics for the baby;
- (l) Sterile H2O Papules; and

- (m) Terbutaline.

**Section 6. Obtaining, Storing, and Disposing of Formulary Drugs.** A licensee shall adhere to the following protocol for obtaining, storing, and disposing of formulary drugs during the practice of midwifery.

(a) **Obtaining Formulary Drugs.** A licensee shall obtain formulary drugs as allowed by law, including, without limitation, from:

- (i) A person or entity that is licensed as a Wholesale Distributor by the Wyoming State Board of Pharmacy; or

- (ii) A retail pharmacy, in minimal quantities for office use.

(b) **Storing Formulary Drugs.** A licensed midwife shall store all formulary drugs in secure areas suitable for preventing unauthorized access and for ensuring a proper environment for the preservation of the drugs. However, licensed midwives may carry formulary drugs to the home setting while providing care within the course and scope of the practice of midwifery. The licensed midwife shall promptly return the formulary drugs to the secure area when the licensed midwife has finished using them for patient care.

(c) **Disposing of Formulary Drugs.** A licensed midwife shall dispose of formulary drugs using means that are reasonably calculated to guard against unauthorized access and harmful excretion of the drugs into the environment. The means that may be used include, without limitation:

- (i) Transferring the drugs to a reverse distributor who is registered to destroy drugs with the U.S. Drug Enforcement Agency;

- (ii) Removing the drugs from their original containers, mixing them with an undesirable substance such as coffee grounds or kitty litter, putting them in impermeable, non-descript containers such as empty cans or sealable bags, and throwing the containers in the trash; or

- (iii) Flushing the drugs down the toilet if the accompanying patient information instructs that it is safe to do so.

**Section 7. Newborn Care.**

(a) The licensee shall carry the equipment necessary for resuscitation of the newborn.

(b) Midwives shall transfer (immediately if indicated) any newborn showing the following signs to the nearest hospital or pediatric care provider:

- (i) Ten (10) minute Apgar score of less than seven (7);

- (ii) Signs of a medically significant anomaly;
  - (iii) Signs of respiratory distress including respiratory rate over eighty (80) per minute, poor color, grunting, nasal flaring and/or retractions that are not showing consistent improvement;
  - (iv) Need for oxygen for more than twenty (20) minutes, or after one (1) hour following the birth;
  - (v) Seizures;
  - (vi) Fontanel full and bulging;
  - (vii) Significant or suspected birth injury;
  - (viii) Cardiac irregularities including a heart rate that is consistently below eighty (80) beats per minute or greater than one hundred sixty (160) beats per minute; poor capillary refilling (greater than three (3) seconds);
  - (ix) Pale, cyanotic, gray color;
  - (x) Lethargy or poor muscle tone;
  - (xi) Temperature instability;
  - (xii) Jaundice at less than twenty-four (24) hours; or
  - (xiii) Loss of greater than ten (10) percent birth weight.
- (c) All licensees shall comply with the Wyoming Department of Health's Newborn Screening requirements stated in W.S. 35-4-801.
- (i) Informed consent of parents shall be obtained and if any parent or guardian of a child objects to a mandatory examination, the child is exempt from subsection (c).
- (d) All licensees shall register births, stillbirths and deaths with the local registrar of the district in which the occurrence took place within ten (10) days after the birth pursuant to W.S. 35-1-401 through 431;

**Section 8. Medical Waste.** Medical waste (items removed from a private residence) shall be disposed of according to the following protocol:

- (a) Containers for Non-Sharp, Medical Waste. Medical waste, except for sharps, shall be placed in disposable containers/bags which are impervious to moisture and strong enough to preclude ripping, tearing or bursting under normal conditions of use. The bags shall be securely

tied so as to prevent leakage or expulsion of solid or liquid waste during storage, handling or transport. The containment system shall have a tight-fitting cover and be kept clean and in good repair. All bags used for containment of medical waste must be clearly identified by label or color, or both.

(b) Containers for Sharps. Sharps shall be placed in impervious, rigid, puncture-resistant containers immediately after use. Needles shall not be bent, clipped or broken by hand. Rigid containers of discarded sharps shall either be labeled or colored like the disposable bags used for other medical waste, or placed in such labeled or colored bags.

(c) Storage Duration. Medical waste may not be stored for more than seven (7) days, unless the storage temperature is below thirty-two (32) degrees Fahrenheit. Medical waste shall never be stored for more than ninety (90) days.

### **Section 9. Professional Standards.**

(a) Persons licensed by the Board shall:

(i) Use the term “Licensed Midwife” and/or the initials LM only after the applicant is granted licensure by the Board;

(ii) Practice in a manner that is in the best interest of the public and does not endanger the public health, safety or welfare;

(iii) Be able to justify all services rendered to clients as necessary for diagnostic or therapeutic purposes;

(iv) Practice only within the competency areas for which they are trained and experienced. The licensee shall be able to demonstrate to the Board competency, training, and/or expertise;

(v) Report to the board outcomes of all clients for which they have provided services at any point during labor or delivery within thirty (30) days after each birth;

(vi) Report to the Board known or suspected violations of the laws and regulations governing the practice of licensed professionals;

(vii) Maintain accurate documentation of all professional services rendered to a client in confidential files for each client and ensure that client records are kept in a secure, safe, retrievable and legible condition;

(A) The licensee shall make provisions for the retention and/or release of client records if the licensee is unable to do so. Such provision shall include the naming of a qualified person who will retain the client records and properly release the client records upon request.



(viii) Clearly state the person's licensure status by the use of a title or initials such as "licensed midwife" (LM) or a statement such as "licensed by the Wyoming Board of Midwifery" in any advertising, public directory or solicitation, including telephone directory listings;

(ix) Respond to all requests for information and all other correspondence from the Board;

(x) Not permit, condone or facilitate unlicensed practice or any activity which is a violation of the Act or these rules and regulations;

(xi) Not use vacuum extraction or forceps as an aid in the delivery of a newborn; and

(xii) Not perform abortions.