# The <u>Board's new administrative Rules</u> became effective on October 15, 2017. This is the first time that the general rules for the Board have been revised since 2001.

The new document consolidates four different Board rules into one document. There are no longer separate rules for CME, anesthesiologist assistants, and radiologist assistants. Apart from that noticeable structural change, the subjects seeing the most widespread changes were the standards and process for granting and renewing licenses, and the provisions regarding physician assistants and supervision of PAs by physicians.

Licensees may be held accountable for violations of the Rules. Violation of a state or federal rule relating to the practice of medicine is a form of unprofessional conduct. However, we are realists and recognize that many licensees will not read the entirety of the Rules.



All licensees are assumed to have read and understand the provisions of the Rules. This notice is not a substitute for reading the Rules, but an effort to highlight some of the most significant changes for our busy licensees. Anyone who has questions about the Rules or suggestions for changes should contact the Board by email to <a href="mailto:AHS.VDHMedicalBoard@vermont.gov">AHS.VDHMedicalBoard@vermont.gov</a>, or by calling (802) 657-4223. We are also willing to present an overview of the Rules to any group or hospital that requests.

With that in mind, here is a list of some of the changes of greatest relevance to someone who already holds a license.

# Professional standards that apply to ALL LICENSEES, Section 13.0

- 1) Requirement to maintain up-to-date contact information including a valid email address. Section 13.1.
- Prohibition on prescribing controlled substances for self or family members and definition of "immediate family members" revised. Sections 13.2 and 2.16.
- Statement discouraging prescribing of noncontrolled substances for self or family, and reminder that if this is done there must be an appropriate record. Section 13.2.2.
- 4) Reminder that it is prohibited to prescribe methadone for treatment of addiction outside of a certified opioid treatment program and a requirement for any prescription for methadone to include the words "FOR PAIN" on the prescription. Section 13.3.

# Professional standards specific to PHYSICIANS, Section 21.0

- 1) Specific standards that apply to supervision of PAs are set forth in Section 21.2, and incorporate supervision requirements that are found in Section 27.0. Section 21.2 also includes standards that apply to situations in which physicians work with unlicensed PAs, which has come up in a number of cases in recent years.
- 2) Section 21.4 specifies that it is unprofessional conduct for a physician to request or to receive a prescription for a Schedule II-IV controlled substance from a PA supervised by the physician. Section 21.5 states a similar prohibition for requesting or receiving prescriptions from an APRN with whom the physician has a collaborating provider relationship.

### **CME for Physicians, Section 22**

- 1) The requirement for CME on safe prescribing for all licensees who have a DEA registration was updated to reflect a recent change to law; the requirement is now for 2 hours on safe prescribing, and the topics for this requirement are now listed. Section 22.1.6.
- Addition of a process to have participation in a residency or fellowship program to satisfy the requirement for CME for those who hold a full, unrestricted license while participating in such programs. Section 22.2.3.

#### **CME for Podiatrists**

As with PAs, there is no requirement for podiatrist licensees to submit CME as a condition of license renewal. However, those DPMs who have DEA registration will need to complete at least two hours of CME on safe prescribing of controlled substances as explained in Section 33.1.

### **Physician Assistants**

- 1) The PA provisions were significantly changed to reflect the transition from site-specific certification to PA licensure. Section III.
- 2) The provisions regarding supervision and delegation agreements were extensively revised to reflect revisions to the PA law enacted in 2011. All PAs and physicians who supervise PAs should be sure to review Section 27.0.
- 3) CME Requirement. The Rules do not address CME as a requirement for renewal of a PA license because CME is part of the NCCPA Certification submitted for renewal. However, there is one exception. Beginning in 2017, all Vermont prescribers who hold a DEA registration must complete at least 2 hours of CME on safe prescribing. Section 28.3.3. For PAs, this will be effective with the renewal two years from now and is not required for the renewal process that is ongoing at this time.

#### **Vermont Board of Medical Practice**

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