

GUIDANCE REGARDING PHYSICIAN ASSISTANT PRACTICE AGREEMENTS PENDING ISSUANCE OF RULES REFLECTING CHANGES TO VERMONT LAW IN ACT 123

Act 123 of 2020 made significant changes to the requirements for physician assistant supervision and the documentation that must be filed by a PA to practice in Vermont. The text of Act 123, showing all changes to the affected sections of the PA laws is [available online](#). The full, current version of the Chapter of Vermont law on PA licensure is also [available online](#). The law was effective on July 1, 2021, but it provided for a transition period from then until the end of this current licensing period, which ends on January 31, 2022.

The changes to the law fundamentally altered the relationship between physician assistants and the physicians who agree to provide them the oversight that is required by law to practice in Vermont. With this renewal, the transition from the old system will be complete. Vermont PAs will no longer have primary and secondary supervising physicians. To practice a PA will need only one physician with a documented relationship, and that physician is referred to as the **participating physician**. There will no longer be delegation agreements; the new document is referred to as a **practice agreement**.

Unless a PA falls under one of the exceptions in the law (26 V.S.A. § 1734c(b) or 26 V.S.A. § 1735a(e))¹, a PA must have filed a practice agreement with the Board of Medical Practice before practicing in Vermont. 26 V.S.A. § 1735a(a).

WHO MAY ACT AS A PA'S PARTICIPATING PHYSICIAN?

First, it must be a physician who is licensed by Vermont as an MD or DO. 26 V.S.A. § 1732(7).

A sole practitioner may act as the participating physician only if the physician's area of specialty is similar to or related to the PA's area of specialty. 26 V.S.A. § 1735a(a)(1).

A physician may act as the participating physician on behalf of a physician group or a health care facility only if one or more physicians at the group or facility has an area of specialty similar to or related to the PA's area of specialty. 26 V.S.A. § 1735a(a)(2).

CONTENTS OF THE PRACTICE AGREEMENT

The requisite contents of a practice agreement are listed in 26 V.S.A. § 1735a(b). A document that does not meet the requirements of 26 V.S.A. § 1735a is not a practice agreement; a PA working without a valid practice agreement engages in unprofessional conduct. 26 V.S.A. § 1732(10), 26 V.S.A. § 1736(b)(3).

The Board's acceptance of a practice agreement for filing does not indicate approval of the document. 26 V.S.A. § 1736(b)(3). The law prevents the Board from requesting or requiring any modifications of the document. 26 V.S.A. § 1735a(f). Accordingly, PAs and

¹ Per 26 V.S.A. § 1734c(b), a PA who works at a federal facility without a practice agreement may practice in Vermont without a practice agreement and without being limited to the federal facility during response to a disaster or emergency, as defined in 20 V.S.A. § 102(c). 26 V.S.A. § 1735a(e) applies to PAs who work for physicians who are sole practitioners. If the sole practitioner unexpectedly becomes unavailable due to serious illness or death, the PA may work without a practice agreement for up to 30 days.

participating physicians are advised to carefully review practice agreements before signing and filing them.

A practice agreement must contain all the elements set forth in 26 V.S.A. § 1735a:

- (1) Processes for physician communication, availability, decision-making, and periodic joint evaluation of services delivered when providing medical care to a patient.
- (2) An agreement that the physician assistant's scope of practice shall be limited to medical care that is within the physician assistant's education, training, and experience. Specific restrictions, if any, on the physician assistant's practice shall be listed.
- (3) A plan to have a physician available for consultation at all times when the physician assistant is practicing medicine.
- (4) The signatures of the physician assistant and the participating physician; no other signatures shall be required.

PERIODIC REVIEW OF THE PRACTICE AGREEMENT

The law requires that the PA and either the participating physician or a representative of a practice, group, or facility, as may be applicable, review the practice agreement no less frequently than at the time of the PA's license renewal. 26 V.S.A. § 1735a(e). If the practice agreement is not updated at that time, it is recommended that the review be documented on the practice agreement.

UNANTICIPATED UNAVAILABILITY OF A PARTICIPATING PHYSICIAN WHO IS A SOLE PRACTITIONER

If a sole practitioner participating physician becomes unexpectedly unavailable due to serious illness or death, the PA may continue to practice for up to 30 days without having entered into a new practice agreement.

REVISED BOARD RULES REGARDING PHYSICIAN ASSISTANTS

The Board of Medical Practice revised administrative rules are in the approval process and it is anticipated that they will be formally approved before the end of the renewal period, which is January 31, 2022. A copy of the PA Section of the rules is [available online](#). Although the revised version has not been formally approved, it is anticipated that the rules will be approved substantially as proposed. Because the draft rules provide additional guidance for licensees, the Board is making them available now and suggests that physician assistants and physicians who act as participating physicians follow the guidance found in the proposed revision.

QUESTIONS ABOUT THE NEW STANDARDS

Questions about the new provisions should be submitted to the Board of Medical Practice

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