

Readopt with amendment Med 601.02, effective 8-6-21 (Document #13249), to read as follows:

Med 601.02 “Approved program” means a program for the education and training of physician assistants that is accredited by the ~~American Medical Association's Committee on Allied Health Education and Accreditation, or the Commission on Accreditation of Allied Health Education Programs or by~~ ***Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or its successor.***

Readopt Med 601.03, effective 12-5-24 (Document #14142 INTERIM), to read as follows:

Med 601.03 “Collaboration” means “collaboration” as defined in RSA 328-D:1, II-a, namely “a physician assistant’s consultation with or referral to a physician or to the appropriate member of the health care team as indicated based on the patient’s condition, the physician assistant’s education, training, and experience, and the applicable standards of care.”

Readopt Med 601.05, effective 12-5-24 (Document #14142 INTERIM), to read as follows:

Med 601.05 “Participating physician” means “participating physician” as defined in RSA 328-D:1, II-c, namely, “a physician practicing as a sole practitioner, a physician designated by a group of physicians to represent their physician group, or a physician designated by a health care facility to represent that facility, who collaborates with a physician assistant or who enters into a collaboration agreement with a physician assistant in accordance with this chapter.”

Readopt Med 601.06, effective 12-5-24 (Document #14142 INTERIM), to read as follows:

Med 601.06 “Physician assistant (PA)” means “physician assistant or P.A.” as defined in RSA 328-D:1, III, namely “a person qualified both by academic and practical training to provide patient services and licensed under this chapter.”

Readopt Med 602, effective 12-5-24 (Document #14142 INTERIM), to read as follows:

PART Med 602 SUPERVISION OF A PHYSICIAN ASSISTANT

Med 602.01 Responsibility of the Physician Assistant.

(a) As stated in RSA 328-D:12, “A physician assistant is responsible for his or her own medical decision making. A participating physician included in a collaboration agreement with a physician assistant shall not, by the existence of the collaboration agreement alone, be legally liable for the actions or inactions of the physician assistant; provided, however, that this shall not otherwise limit the liability of the participating physician.”

(b) As required by RSA 328-D:18, each physician assistant shall have current valid professional liability coverage while actively engaged in providing medical care.

Med 602.02 Collaboration Agreement for PAs Having Fewer Than 8,000 Hours of Post-Graduate Clinical Practice Hours.

(a) Except as provided in RSA 328-D:15, III and RSA 328-D:16, II, a physician assistant with fewer than 8,000 hours of post-graduate clinical practice hours who is practicing in a group, practice, or health system that does not have at least one licensed New Hampshire physician shall engage in practice as a physician assistant in this state only if the physician assistant has entered into a written collaboration agreement with a licensed physician who practices in a similar area of medicine.

(b) A collaboration agreement shall include all of the following:

- (1) Processes for collaboration and consultation with the appropriate physician and other health care professional as indicated based on the patient’s condition and the physician assistant’s education, training, and experience, and the applicable standards of care;
 - (2) An acknowledgment 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 as outlined in RSA 328-D:3-b, VII-XIII;
 - (3) A statement that although collaboration occurs between the physician assistant and physicians and other health care professionals, a physician shall be accessible for consultation in person, by telephone, or electronic means at all times when a physician assistant is practicing; and
 - (4) The signatures of the physician assistant and the participating physician. No other signatures shall be required.
- (c) The collaboration agreement shall be updated as necessary.
- (d) In the event of the unanticipated unavailability of a participating physician practicing as a sole practitioner due to serious illness or death, a physician assistant shall not practice for more than 30 days without entering into a new collaboration agreement with another participating physician.
- (e) The collaboration agreement shall be kept on file at the practice and made available to the board upon request.

Med 602.03 Waiver of Collaboration Agreement Available for PAs Having More Than 8,000 Hours of Post-Graduate Clinical Practice Hours.

- (a) Until January 1, 2027, a New Hampshire licensed physician assistant with more than 8,000 post-graduate clinical practice hours who intends to practice in a setting that does not have at least one licensed New Hampshire physician in the group, practice, or health system may request the board of medicine to waive the collaboration agreement requirement.
- (b) The waiver request shall:
- (1) Include the information specified in (c), below;
 - (2) Be accompanied by the documentation specified in (d), below; and
 - (3) Be signed by the physician assistant who is requesting the waiver.
- (c) The information required by (b)(1), above, shall be:
- (1) The physician assistant’s name, preferred e-mail address, and license number;
 - (2) The physical location, mailing address, and telephone number of the practice; and
 - (3) The practice’s primary area of medical practice.
- (d) The documentation required by (b)(2), above, shall be:
- (1) Proof of malpractice insurance, in the form of a copy of the malpractice insurance declaration page that includes the premium amount and coverage limits ; and
 - (2) Proof of the required post-graduate clinical practice hours, in the form of either:
 - a. A letter signed by the manager of the physician assistant’s medical office, hospital administration, department chair, or collaborating physician that the physician assistant has accrued the requisite hours; or

- b. A notarized affidavit affirming, under penalty of law, that the physician assistant has accrued the requisite hours and that shows the hours earned by practice name, dates of service, employment status, and total clinical hours earned.
- (e) The physician assistant may include information regarding additional training and qualifications or other relevant evidence to support the waiver request.
- (f) Upon receipt of a waiver request, the board's administrator shall:
 - (1) Review the requestor's file to determine whether the requestor is in good standing and whether the requestor is the subject of a pending active investigation or disciplinary action; and
 - (2) Provide the information to the board.
- (g) The board shall review a waiver request at the first board meeting that is 10 business days or more after the waiver request is received, provided that the board may review a waiver request received within 10 business days prior to the board meeting if:
 - (1) The board administrator confirms that the requestor is in good standing and is not the subject of a pending investigation or disciplinary action; and
 - (2) There is sufficient time in the agenda to do so.
- (h) The board shall approve the request and grant the waiver request if the requestor:
 - (1) Has submitted a complete request that demonstrates the requestor's qualifications;
 - (2) Is in good standing; and
 - (3) Is not the subject of a pending investigation or disciplinary action.
- (i) If the board is unable to determine that the criteria for approval in (g), above, are met, the board shall request further information from the requestor.
- (j) The board shall notify the requestor of its decision. If the requested waiver is denied, the notification shall:
 - (1) Identify each reason why the request was denied; and
 - (2) Inform the requestor that a rehearing request shall be filed within 30 days in accordance with Plc 206.31.
- (k) A physician assistant whose waiver request is denied may re-apply for a waiver after the reason(s) for the denial have been addressed.
- (l) Waivers shall expire on a date specified by the board that is not later than December 31, 2026.

Readopt Med 613, effective 12-5-24 (Document #14142 INTERIM), to read as follows:

PART Med 613 CONTINUING MEDICAL EDUCATION

Med 613.01 Continuing Medical Education.

- (a) Each physician assistant shall engage in continuing medical education to maintain requisite knowledge and skills, either by:

- (1) Maintaining national certification through the National Commission on Certification of Physician Assistants (NCCPA) or its successor organization; or
- (2) Obtaining not less than 100 credit hours of approved continuing medical education (CME) activity, as defined in RSA 328-D:1, I-a, in each renewal period, of which 40 credit hours shall be category 1 CME, and no more than 60 credit hours of which shall be in category II CME as described in Med 402.01.

(b) Each physician assistant shall demonstrate compliance with this section by submitting proof of national certification or CME credit hours with the renewal application

APPENDIX I: STATE STATUTES IMPLEMENTED

Rule	State Statute(s) Implemented
Med 601.02, Med 601.03	RSA 328-D:1
Med 601.05, Med 601.06	RSA 328-D:1
Med 602.01(a)	RSA 328-D:12
Med 602.01(b)	RSA 328-D:18
Med 602.02, Med 602.03	RSA 328-D:3-b, I
Med 613	RSA 328-D-10, I(m)