

CHAPTER 147A

PHYSICIAN ASSISTANTS, LICENSING

147A.01	DEFINITIONS.	147A.16	FORMS OF DISCIPLINARY ACTION.
147A.02	QUALIFICATIONS FOR LICENSURE.	147A.17	PHYSICIAN ASSISTANT ACCOUNTABILITY.
147A.025	TEMPORARY PERMIT.	147A.185	PRESCRIBING DRUGS AND THERAPEUTIC DEVICES.
147A.03	PROTECTED TITLES AND RESTRICTIONS ON USE.	147A.19	IDENTIFICATION REQUIREMENTS.
147A.05	INACTIVE LICENSE.	147A.23	RESPONDING TO DISASTER SITUATIONS.
147A.06	CANCELLATION OF LICENSE FOR NONRENEWAL.	147A.24	CONTINUING EDUCATION REQUIREMENTS.
147A.07	RENEWAL.	147A.26	PROCEDURES.
147A.08	EXEMPTIONS.	147A.27	PHYSICIAN ASSISTANT ADVISORY COUNCIL.
147A.09	SCOPE OF PRACTICE.	147A.28	PHYSICIAN ASSISTANT APPLICATION AND LICENSE FEES.
147A.13	GROUND FOR DISCIPLINARY ACTION.	147A.29	LICENSE RENEWAL CYCLE CONVERSION.
147A.14	REPORTING OBLIGATIONS.	147A.35	PHYSICIAN ASSISTANT LICENSURE COMPACT.
147A.15	IMMUNITY.		
147A.155	REPORTS TO COMMISSIONER OF HEALTH.		

147A.001 MS 2006 [Renumbered 15.001]

147A.01 DEFINITIONS.

Subdivision 1. **Scope.** For the purpose of this chapter, the terms defined in this section have the meanings given them.

Subd. 2. MS 2008 [Repealed by amendment, 2009 c 159 s 14]

Subd. 3. **Administer.** "Administer" means the delivery by a physician assistant of a legend drug to a patient by injection, inhalation, ingestion, or by any other immediate means.

Subd. 4. MS 2018 [Repealed, 2020 c 115 art 2 s 34]

Subd. 5. MS 2014 [Repealed, 2016 c 125 s 16]

Subd. 6. **Board.** "Board" means the Board of Medical Practice or its designee.

Subd. 6a. **Collaborating physician.** "Collaborating physician" means a Minnesota licensed physician who oversees the performance, practice, and activities of a physician assistant under a collaborative agreement as described in section 147A.02, paragraph (c).

Subd. 7. **Controlled substances.** "Controlled substances" has the meaning given it in section 152.01, subdivision 4.

Subd. 8. MS 2008 [Repealed by amendment, 2009 c 159 s 14]

Subd. 9. **Diagnostic order.** "Diagnostic order" means a directive to perform a procedure or test, the purpose of which is to determine the cause and nature of a pathological condition or disease.

Subd. 10. **Drug.** "Drug" has the meaning given it in section 151.01, subdivision 5, including controlled substances as defined in section 152.01, subdivision 4.

Subd. 11. MS 2018 [Repealed, 2020 c 115 art 2 s 34]

Subd. 12. **Inactive.** "Inactive" means a licensed physician assistant whose license has been placed on inactive status under section 147A.05.

Subd. 13. MS 2008 [Repealed by amendment, 2009 c 159 s 14]

Subd. 14. **Legend drug.** "Legend drug" has the meaning given it in section 151.01, subdivision 17.

Subd. 14a. **Licensed.** "Licensed" means meeting the qualifications in section 147A.02 and being issued a license by the board.

Subd. 14b. **Licensure.** "Licensure" means the process by which the board determines that an applicant has met the standards and qualifications in this chapter.

Subd. 15. MS 2008 [Repealed by amendment, 2009 c 159 s 14]

Subd. 16. **Medical device.** "Medical device" means durable medical equipment and assistive or rehabilitative appliances, objects, or products that are required to implement the overall plan of care for the patient and that are restricted by federal law to use upon prescription by a licensed practitioner.

Subd. 16a. MS 2018 [Repealed, 2020 c 115 art 2 s 34]

Subd. 17. **Physician.** "Physician" means a person currently licensed in good standing as a physician or osteopathic physician under chapter 147.

Subd. 17a. MS 2018 [Repealed, 2020 c 115 art 2 s 34]

Subd. 18. **Physician assistant or licensed physician assistant.** "Physician assistant" or "licensed physician assistant" means a person licensed pursuant to this chapter who meets the qualifications in section 147A.02.

Subd. 19. MS 2008 [Repealed by amendment, 2009 c 159 s 14]

Subd. 20. **Prescribe.** "Prescribe" means to direct, order, or designate by means of a prescription the preparation, use of, or manner of using a drug or medical device.

Subd. 21. **Prescription.** "Prescription" means a signed written order, an oral order reduced to writing, or an electronic order meeting current and prevailing standards given by a physician assistant for patients in the course of the physician assistant's practice and issued for an individual patient.

Subd. 22. MS 2008 [Repealed by amendment, 2009 c 159 s 14]

Subd. 23. MS 2020 [Repealed, 2022 c 58 s 171]

Subd. 24. MS 2018 [Repealed, 2020 c 115 art 2 s 34]

Subd. 25. MS 2018 [Repealed, 2020 c 115 art 2 s 34]

Subd. 26. **Therapeutic order.** "Therapeutic order" means a written or verbal order given to another for the purpose of treating or curing a patient in the course of a physician assistant's practice.

Subd. 27. **Verbal order.** "Verbal order" means an oral order given to another for the purpose of treating or curing a patient in the course of a physician assistant's practice.

History: 1995 c 205 art 1 s 1; 2003 c 2 art 1 s 18,19; 2009 c 159 s 14; 2016 c 119 s 7; 2016 c 125 s 1,2; 2020 c 115 art 2 s 3-7; 2022 c 55 art 1 s 38

147A.02 QUALIFICATIONS FOR LICENSURE.

(a) The board may grant a license as a physician assistant to an applicant who:

(1) submits an application on forms approved by the board;

(2) pays the appropriate fee as determined by the board;

(3) has current certification from the National Commission on Certification of Physician Assistants, or its successor agency as approved by the board;

(4) certifies that the applicant is mentally and physically able to engage safely in practice as a physician assistant;

(5) has no licensure, certification, or registration as a physician assistant under current discipline, revocation, suspension, or probation for cause resulting from the applicant's practice as a physician assistant, unless the board considers the condition and agrees to licensure;

(6) submits any other information the board deems necessary to evaluate the applicant's qualifications; and

(7) has been approved by the board.

(b) All persons registered as physician assistants as of June 30, 1995, are eligible for continuing license renewal. All persons applying for licensure after that date shall be licensed according to this chapter.

(c) A physician assistant who qualifies for licensure must practice for at least 2,080 hours, within the context of a collaborative agreement, within a hospital or integrated clinical setting where physician assistants and physicians work together to provide patient care. The physician assistant shall submit written evidence to the board with the application, or upon completion of the required collaborative practice experience. For purposes of this paragraph, a collaborative agreement is a mutually agreed upon plan for the overall working relationship and collaborative arrangement between a physician assistant, and one or more physicians licensed under chapter 147, that designates the scope of services that can be provided to manage the care of patients. The physician assistant and one of the collaborative physicians must have experience in providing care to patients with the same or similar medical conditions. The collaborating physician is not required to be physically present so long as the collaborating physician and physician assistant are or can be easily in contact with each other by radio, telephone, or other telecommunication device.

History: 1995 c 205 art 1 s 2; 2004 c 279 art 2 s 1; 2009 c 159 s 15; 2020 c 115 art 2 s 8

147A.025 TEMPORARY PERMIT.

(a) An applicant for licensure under section 147A.02 may request the board to issue a temporary permit in accordance with this section. Upon receipt of the application for licensure, a request for a temporary permit, and a nonrefundable physician assistant application fee as specified under section 147A.28, the board may issue a temporary permit to practice as a physician assistant if the applicant is:

(1) currently licensed in good standing to practice as a physician assistant in another state, territory, or Canadian province; and

(2) not subject to a pending investigation or disciplinary action in any state, territory, or Canadian province.

(b) A temporary permit issued under this section is nonrenewable and shall be valid until a decision is made on the physician assistant's application for licensure or for 90 days, whichever occurs first.

(c) The board may revoke the temporary permit that has been issued under this section if the applicant is the subject of an investigation or disciplinary action or is disqualified for licensure for any other reason.

(d) Notwithstanding section 13.41, subdivision 2, the board may release information regarding any action taken by the board pursuant to this section.

History: 2022 c 99 art 2 s 5

147A.03 PROTECTED TITLES AND RESTRICTIONS ON USE.

Subdivision 1. **Protected titles.** No individual may use the titles "Minnesota Licensed Physician Assistant," "Licensed Physician Assistant," "Physician Assistant," or "PA" in connection with the individual's name, or any other words, letters, abbreviations, or insignia indicating or implying that the individual is licensed by the state unless they have been licensed according to this chapter.

Subd. 1a. **Licensure required.** Except as provided under subdivision 2, it is unlawful for any person to practice as a physician assistant without being issued a valid license according to this chapter.

Subd. 2. **Health care practitioners.** Individuals practicing in a health care occupation are not restricted in the provision of services included in this chapter as long as they do not hold themselves out as physician assistants by or through the titles provided in subdivision 1 in association with provision of these services.

Subd. 3. MS 2008 [Repealed by amendment, 2009 c 159 s 16]

Subd. 4. **Sanctions.** Individuals who hold themselves out as physician assistants by or through any of the titles provided in subdivision 1 without prior licensure shall be subject to sanctions or actions against continuing the activity according to section 214.11, or other authority.

History: 1995 c 205 art 1 s 3; 2009 c 159 s 16; 2020 c 115 art 2 s 9

147A.04 MS 2018 [Repealed, 2020 c 115 art 2 s 34]

147A.05 INACTIVE LICENSE.

(a) Physician assistants who notify the board in writing may elect to place their license on an inactive status. Physician assistants with an inactive license shall be excused from payment of renewal fees and shall not practice as physician assistants. Persons who engage in practice while their license is lapsed or on inactive status shall be considered to be practicing without a license, which shall be grounds for discipline under section 147A.13. Physician assistants who provide care under the provisions of section 147A.23 shall not be considered practicing without a license or subject to disciplinary action. Physician assistants who notify the board of their intent to resume active practice shall be required to pay the current renewal fees and all unpaid back fees and shall be required to meet the criteria for renewal specified in section 147A.07.

(b) Notwithstanding section 147A.03, subdivision 1, a person with an inactive license may continue to use the protected titles specified in section 147A.03, subdivision 1, so long as the person does not practice as a physician assistant.

History: 1995 c 205 art 1 s 5; 2009 c 159 s 18; 2020 c 115 art 2 s 10

147A.06 CANCELLATION OF LICENSE FOR NONRENEWAL.

Subdivision 1. **Cancellation of license.** The board shall not renew, reissue, reinstate, or restore a license that has lapsed and has not been renewed within two annual renewal cycles. A licensee whose license is canceled for nonrenewal must obtain a new license by applying for licensure and fulfilling all requirements then in existence for an initial license to practice as a physician assistant.

Subd. 2. **Licensure following lapse of licensed status; transition.** (a) A licensee whose license has lapsed under subdivision 1 before January 1, 2020, and who seeks to regain licensed status after January 1, 2020, shall be treated as a first-time licensee only for purposes of establishing a license renewal schedule, and shall not be subject to the license cycle conversion provisions in section 147A.29.

(b) This subdivision expires July 1, 2022.

History: 1995 c 205 art 1 s 6; 2009 c 159 s 19; 2019 c 8 art 1 s 1; 2020 c 115 art 2 s 11

147A.07 RENEWAL.

(a) A person who holds a license as a physician assistant shall annually, upon notification from the board, renew the license by:

- (1) submitting the appropriate fee as determined by the board;
- (2) completing the appropriate forms; and
- (3) meeting any other requirements of the board.

(b) A licensee must maintain a correct mailing address with the board for receiving board communications, notices, and license renewal documents. Placing the license renewal application in first-class United States mail, addressed to the licensee at the licensee's last known address with postage prepaid, constitutes valid service. Failure to receive the renewal documents does not relieve a licensee of the obligation to comply with this section.

(c) The name of a licensee who does not return a complete license renewal application, annual license fee, or late application fee, as applicable, within the time period required by this section shall be removed from the list of individuals authorized to practice during the current renewal period. If the licensee's license is reinstated, the licensee's name shall be placed on the list of individuals authorized to practice.

History: 1995 c 205 art 1 s 7; 2009 c 159 s 20; 2019 c 8 art 1 s 2

147A.08 EXEMPTIONS.

(a) This chapter does not apply to, control, prevent, or restrict the practice, service, or activities of persons listed in section 147.09, clauses (1) to (6) and (8) to (13); persons regulated under section 214.01, subdivision 2; or midlevel practitioners, nurses, or nurse-midwives as defined in section 144.1501, subdivision 1.

(b) Nothing in this chapter shall be construed to require licensure of:

(1) a physician assistant student enrolled in a physician assistant educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant or by its successor agency approved by the board;

(2) a physician assistant employed in the service of the federal government while performing duties incident to that employment; or

(3) technicians, other assistants, or employees of physicians who perform delegated tasks in the office of a physician but who do not identify themselves as a physician assistant.

History: 1995 c 205 art 1 s 8; 1997 c 183 art 2 s 20; 1Sp2003 c 14 art 7 s 47; 1Sp2005 c 4 art 6 s 40; 2009 c 159 s 21; 2016 c 158 art 1 s 65; 2023 c 75 s 8

147A.09 SCOPE OF PRACTICE.

Subdivision 1. **Scope of practice.** Physician assistants shall practice medicine only under an established practice agreement.

A physician assistant's scope of practice includes:

- (1) services within the training and experience of the physician assistant;
- (2) patient services customary to the practice of the physician assistant and the practice agreement; and
- (3) services within the parameters of the laws, rules, and standards of the facilities in which the physician assistant practices.

Subd. 2. **Patient services.** Patient services may include, but are not limited to, the following:

- (1) taking patient histories and developing medical status reports;
- (2) performing physical examinations;
- (3) interpreting and evaluating patient data;
- (4) ordering, performing, or reviewing diagnostic procedures, including the use of radiographic imaging systems in compliance with Minnesota Rules 2007, chapter 4732, but excluding interpreting computed tomography scans, magnetic resonance imaging scans, positron emission tomography scans, nuclear scans, and mammography;
- (5) ordering or performing therapeutic procedures including the use of ionizing radiation in compliance with Minnesota Rules 2007, chapter 4732;
- (6) providing instructions regarding patient care, disease prevention, and health promotion;
- (7) providing patient care in the home and in health care facilities;
- (8) creating and maintaining appropriate patient records;
- (9) transmitting or executing specific orders;
- (10) prescribing, administering, and dispensing drugs, controlled substances, and medical devices, including administering local anesthetics, but excluding anesthetics injected in connection with an operating room procedure, inhaled anesthesia, and spinal anesthesia;
- (11) functioning as an emergency medical technician with permission of the ambulance service and in compliance with section 144E.127, and ambulance service rules adopted by the commissioner of health;
- (12) initiating evaluation and treatment procedures essential to providing an appropriate response to emergency situations;
- (13) certifying a patient's eligibility for a disability parking certificate under section 169.345, subdivision 2;

(14) assisting at surgery; and

(15) providing medical authorization for admission for emergency care and treatment of a patient under section 253B.051, subdivision 1.

Subd. 3. **Practice agreement review.** A physician assistant shall have a practice agreement at the practice level that describes the practice of the physician assistant. The practice agreement must be reviewed on an annual basis by a licensed physician within the same clinic, hospital, health system, or other facility as the physician assistant and has knowledge of the physician assistant's practice to ensure that the physician assistant's medical practice is consistent with the practice agreement. A document stating that the review occurred must be maintained at the practice level and made available to the board, upon request.

Subd. 4. **Scope of practice limitations; spinal injections for acute and chronic pain.** Notwithstanding subdivision 1, a physician assistant may only perform spinal injections to address acute and chronic pain symptoms upon referral and in collaboration with a physician licensed under chapter 147. For purposes of performing spinal injections for acute or chronic pain symptoms, the physician assistant and one or more physicians licensed under chapter 147 must have a mutually agreed upon plan that designates the scope of collaboration necessary for treating patients with acute and chronic pain.

Subd. 5. MS 2022 [Repealed, 2024 c 127 art 22 s 1]

History: 1995 c 205 art 1 s 9; 1997 c 199 s 14; 1999 c 245 art 9 s 65; 2003 c 108 s 1; 2004 c 279 art 2 s 2; 2009 c 159 s 22; 2020 c 115 art 2 s 12; 2023 c 25 s 49

147A.10 MS 2018 [Repealed, 2020 c 115 art 2 s 34]

147A.11 MS 2018 [Repealed, 2020 c 115 art 2 s 34]

147A.13 GROUNDS FOR DISCIPLINARY ACTION.

Subdivision 1. **Grounds listed.** The board may refuse to grant licensure or may impose disciplinary action as described in this subdivision against any physician assistant. The following conduct is prohibited and is grounds for disciplinary action:

(1) failure to demonstrate the qualifications or satisfy the requirements for licensure contained in this chapter or rules of the board. The burden of proof shall be upon the applicant to demonstrate such qualifications or satisfaction of such requirements;

(2) obtaining a license by fraud or cheating, or attempting to subvert the examination process. Conduct which subverts or attempts to subvert the examination process includes, but is not limited to:

(i) conduct which violates the security of the examination materials, such as removing examination materials from the examination room or having unauthorized possession of any portion of a future, current, or previously administered licensing examination;

(ii) conduct which violates the standard of test administration, such as communicating with another examinee during administration of the examination, copying another examinee's answers, permitting another examinee to copy one's answers, or possessing unauthorized materials; and

(iii) impersonating an examinee or permitting an impersonator to take the examination on one's own behalf;

(3) conviction, during the previous five years, of a felony reasonably related to the practice of physician assistant. Conviction as used in this subdivision includes a conviction of an offense which if committed in this state would be deemed a felony without regard to its designation elsewhere, or a criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or not entered;

(4) revocation, suspension, restriction, limitation, or other disciplinary action against the person's physician assistant credentials in another state or jurisdiction, failure to report to the board that charges regarding the person's credentials have been brought in another state or jurisdiction, or having been refused licensure by any other state or jurisdiction;

(5) advertising which is false or misleading, violates any rule of the board, or claims without substantiation the positive cure of any disease or professional superiority to or greater skill than that possessed by another physician assistant;

(6) violating a rule adopted by the board or an order of the board, a state, or federal law which relates to the practice of a physician assistant, or in part regulates the practice of a physician assistant, including without limitation sections 604.201, 609.344, and 609.345, or a state or federal narcotics or controlled substance law;

(7) engaging in any unethical conduct; conduct likely to deceive, defraud, or harm the public, or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient; or practice which is professionally incompetent, in that it may create unnecessary danger to any patient's life, health, or safety, in any of which cases, proof of actual injury need not be established;

(8) engaging in the practice of medicine beyond what is allowed under this chapter, or aiding or abetting an unlicensed person in the practice of medicine;

(9) adjudication as mentally incompetent, mentally ill or developmentally disabled, or as a chemically dependent person, a person dangerous to the public, a sexually dangerous person, or a person who has a sexual psychopathic personality by a court of competent jurisdiction, within or without this state. Such adjudication shall automatically suspend a license for its duration unless the board orders otherwise;

(10) engaging in unprofessional conduct. Unprofessional conduct includes any departure from or the failure to conform to the minimal standards of acceptable and prevailing practice in which proceeding actual injury to a patient need not be established;

(11) inability to practice with reasonable skill and safety to patients by reason of illness, drunkenness, use of drugs, narcotics, chemicals, or any other type of material, or as a result of any mental or physical condition, including deterioration through the aging process or loss of motor skills;

(12) revealing a privileged communication from or relating to a patient except when otherwise required or permitted by law;

(13) any identification of a physician assistant by the title "Physician" in a patient care setting or in a communication directed to the general public;

(14) improper management of medical records, including failure to maintain adequate medical records, to comply with a patient's request made pursuant to sections 144.291 to 144.298, or to furnish a medical record or report required by law;

(15) engaging in abusive or fraudulent billing practices, including violations of the federal Medicare and Medicaid laws or state medical assistance laws;

(16) becoming addicted or habituated to a drug or intoxicant;

(17) prescribing a drug or device for other than medically accepted therapeutic, experimental, or investigative purposes authorized by a state or federal agency or referring a patient to any health care provider as defined in sections 144.291 to 144.298 for services or tests not medically indicated at the time of referral;

(18) engaging in conduct with a patient which is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior which is seductive or sexually demeaning to a patient;

(19) failure to make reports as required by section 147A.14 or to cooperate with an investigation of the board as required by section 147A.15, subdivision 3;

(20) knowingly providing false or misleading information that is directly related to the care of that patient unless done for an accepted therapeutic purpose such as the administration of a placebo;

(21) aiding suicide or aiding attempted suicide in violation of section 609.215 as established by any of the following:

(i) a copy of the record of criminal conviction or plea of guilty for a felony in violation of section 609.215, subdivision 1 or 2;

(ii) a copy of the record of a judgment of contempt of court for violating an injunction issued under section 609.215, subdivision 4;

(iii) a copy of the record of a judgment assessing damages under section 609.215, subdivision 5; or

(iv) a finding by the board that the person violated section 609.215, subdivision 1 or 2. The board shall investigate any complaint of a violation of section 609.215, subdivision 1 or 2; or

(22) failure to maintain the proof of review document as required under section 147A.09, subdivision 3, or to provide a copy of the document upon request of the board.

Subd. 1a. **Reproductive health care services.** (a) For purposes of this subdivision, "reproductive health care services" has the meaning given in section 147.091, subdivision 1c.

(b) Notwithstanding subdivision 1, clause (3) or (4), the board shall not refuse to grant a license to an applicant for licensure or impose disciplinary action against a physician assistant solely on one or more of the following grounds:

(1) the applicant or physician assistant provided or assisted in the provision of reproductive health care services in a manner that is lawful in this state and that is within the applicable scope of practice;

(2) the applicant or physician assistant was convicted in another jurisdiction of a felony resulting from conduct specified in clause (1); or

(3) the applicant or physician assistant was subject to disciplinary action in another jurisdiction or was refused a physician assistant license in another jurisdiction resulting from conduct specified in clause (1).

Subd. 2. **Effective dates, automatic suspension.** A suspension, revocation, condition, limitation, qualification, or restriction of a license shall be in effect pending determination of an appeal unless the court, upon petition and for good cause shown, orders otherwise.

A physician assistant license is automatically suspended if:

(1) a guardian of a licensee is appointed by order of a court pursuant to sections 524.5-101 to 524.5-502, for reasons other than the minority of the licensee; or

(2) the licensee is committed by order of a court pursuant to chapter 253B. The license remains suspended until the licensee is restored to capacity by a court and, upon petition by the licensee, the suspension is terminated by the board after a hearing.

Subd. 3. **Conditions on reissued license.** In its discretion, the board may restore and reissue a physician assistant license, but may impose as a condition any disciplinary or corrective measure which it might originally have imposed.

Subd. 4. **Temporary suspension of license.** In addition to any other remedy provided by law, the board may, without a hearing, temporarily suspend the license of a physician assistant if the board finds that the physician assistant has violated a statute or rule which the board is empowered to enforce and continued practice by the physician assistant would create a serious risk of harm to the public. The suspension shall take effect upon written notice to the physician assistant, specifying the statute or rule violated. The suspension shall remain in effect until the board issues a final order in the matter after a hearing. At the time it issues the suspension notice, the board shall schedule a disciplinary hearing to be held pursuant to the Administrative Procedure Act.

The physician assistant shall be provided with at least 20 days' notice of any hearing held pursuant to this subdivision. The hearing shall be scheduled to begin no later than 30 days after the issuance of the suspension order.

Subd. 5. **Evidence.** In disciplinary actions alleging a violation of subdivision 1, clause (3) or (4), a copy of the judgment or proceeding under the seal of the court administrator or of the administrative agency which entered it shall be admissible into evidence without further authentication and shall constitute prima facie evidence of the contents thereof.

Subd. 6. **Mental examination; access to medical data.** (a) If the board has probable cause to believe that a physician assistant comes under subdivision 1, clause (1), it may direct the physician assistant to submit to a mental or physical examination. For the purpose of this subdivision, every physician assistant licensed under this chapter is deemed to have consented to submit to a mental or physical examination when directed in writing by the board and further to have waived all objections to the admissibility of the examining physicians' testimony or examination reports on the ground that the same constitute a privileged communication. Failure of a physician assistant to submit to an examination when directed constitutes an admission of the allegations against the physician assistant, unless the failure was due to circumstance beyond the physician assistant's control, in which case a default and final order may be entered without the taking of testimony or presentation of evidence. A physician assistant affected under this subdivision shall at reasonable intervals be given an opportunity to demonstrate that the physician assistant can resume competent practice with reasonable skill and safety to patients. In any proceeding under this subdivision, neither the record of proceedings nor the orders entered by the board shall be used against a physician assistant in any other proceeding.

(b) In addition to ordering a physical or mental examination, the board may, notwithstanding sections 13.384, 144.651, or any other law limiting access to medical or other health data, obtain medical data and health records relating to a licensee or applicant without the licensee's or applicant's consent if the board has probable cause to believe that a physician assistant comes under subdivision 1, clause (1).

The medical data may be requested from a provider, as defined in section 144.291, subdivision 2, paragraph (i), an insurance company, or a government agency, including the Department of Human Services. A provider, insurance company, or government agency shall comply with any written request of the board under this subdivision and is not liable in any action for damages for releasing the data requested by the board if the data are released pursuant to a written request under this subdivision, unless the information is false and the provider giving the information knew, or had reason to believe, the information was false. Information obtained under this subdivision is classified as private under chapter 13.

Subd. 7. **Tax clearance certificate.** (a) In addition to the provisions of subdivision 1, the board may not issue or renew a license if the commissioner of revenue notifies the board and the licensee or applicant for licensure that the licensee or applicant owes the state delinquent taxes in the amount of \$500 or more. The board may issue or renew the license only if:

(1) the commissioner of revenue issues a tax clearance certificate; and

(2) the commissioner of revenue, the licensee, or the applicant forwards a copy of the clearance to the board.

The commissioner of revenue may issue a clearance certificate only if the licensee or applicant does not owe the state any uncontested delinquent taxes.

(b) For purposes of this subdivision, the following terms have the meanings given:

(1) "Taxes" are all taxes payable to the commissioner of revenue, including penalties and interest due on those taxes, and

(2) "Delinquent taxes" do not include a tax liability if:

(i) an administrative or court action that contests the amount or validity of the liability has been filed or served;

(ii) the appeal period to contest the tax liability has not expired; or

(iii) the licensee or applicant has entered into a payment agreement to pay the liability and is current with the payments.

(c) When a licensee or applicant is required to obtain a clearance certificate under this subdivision, a contested case hearing must be held if the licensee or applicant requests a hearing in writing to the commissioner of revenue within 30 days of the date of the notice provided in paragraph (a). The hearing must be held within 45 days of the date the commissioner of revenue refers the case to the Office of Administrative Hearings. Notwithstanding any law to the contrary, the licensee or applicant must be served with 20 days' notice in writing specifying the time and place of the hearing and the allegations against the registrant or applicant. The notice may be served personally or by mail.

(d) The board shall require all licensees or applicants to provide their Social Security number and Minnesota business identification number on all license applications. Upon request of the commissioner of revenue, the board must provide to the commissioner of revenue a list of all licensees and applicants, including their names and addresses, Social Security numbers, and business identification numbers. The commissioner of revenue may request a list of the licensees and applicants no more than once each calendar year.

Subd. 8. **Limitation.** No board proceeding against a licensee shall be instituted unless commenced within seven years from the date of commission of some portion of the offense except for alleged violations of subdivision 1, clause (19), or subdivision 7.

History: 1995 c 205 art 1 s 12; 1997 c 7 art 1 s 76; 1999 c 227 s 22; 2004 c 146 art 3 s 7; 2005 c 56 s 1; 2007 c 147 art 10 s 15; 2009 c 159 s 24; 2020 c 83 art 2 s 7; 2020 c 115 art 2 s 13; 2023 c 31 s 3

147A.14 REPORTING OBLIGATIONS.

Subdivision 1. **Permission to report.** A person who has knowledge of any conduct constituting grounds for discipline under this chapter may report the violation to the board.

Subd. 2. **Institutions.** Any hospital, clinic, prepaid medical plan, or other health care institution or organization located in this state shall report to the board any action taken by the institution or organization, any of its administrators, or its medical or other committees to revoke, suspend, restrict, or condition a physician assistant's privilege to practice or treat patients in the institution or as part of the organization, any denial of privileges, or any other disciplinary action. The institution or organization shall also report the resignation of any physician assistants prior to the conclusion of any disciplinary proceeding, or prior to the commencement of formal charges but after the physician assistant had knowledge that formal charges were contemplated or in preparation. Each report made under this subdivision must state the nature of the action taken, state in detail the reasons for the action, and identify the specific patient medical records upon which the action was based. No report shall be required of a physician assistant voluntarily limiting the practice of the physician assistant at a hospital provided that the physician assistant notifies all hospitals at which the physician assistant has privileges of the voluntary limitation and the reasons for it.

Subd. 3. **Physician assistant organizations.** A state or local physician assistant organization shall report to the board any termination, revocation, or suspension of membership or any other disciplinary action taken against a physician assistant. If the society has received a complaint which might be grounds for discipline under this chapter against a member physician assistant on which it has not taken any disciplinary action, the society shall report the complaint and the reason why it has not taken action on it or shall direct the complainant to the Board of Medical Practice. This subdivision does not apply to a physician assistant organization when it performs peer review functions as an agent of an outside entity, organization, or system.

Subd. 4. **Licensed professionals.** Licensed health professionals and persons holding residency permits under section 147.0391, shall report to the board personal knowledge of any conduct which the person reasonably believes constitutes grounds for disciplinary action under this chapter by a physician assistant, including any conduct indicating that the person may be incompetent, or may have engaged in unprofessional conduct or may be medically or physically unable to engage safely in practice as a physician assistant. No report shall be required if the information was obtained in the course of a provider-patient relationship if the patient is a physician assistant, and the treating provider successfully counsels the person to limit or withdraw from practice to the extent required by the impairment.

Subd. 5. **Insurers.** Four times each year as prescribed by the board, each insurer authorized to sell insurance described in section 60A.06, subdivision 1, clause (13), and providing professional liability insurance to physician assistants, and any medical clinic, hospital, political subdivision, or other entity that self-insures and provides professional liability coverage to physician assistants, shall submit to the board a report concerning the physician assistants against whom professional malpractice settlements or awards have been made to the plaintiff.

Any medical clinic, hospital, political subdivision, or other entity which provides liability coverage on behalf of a physician assistant shall submit to the board a report concerning settlements or awards paid on

behalf of a physician assistant, and any settlements or awards paid by a clinic, hospital, political subdivision, or other entity on its own behalf because of care rendered by a physician assistant. The report shall be made to the board within 30 days of any settlement. The report must contain at least the following information:

- (1) the total number of medical malpractice settlements or awards made to the plaintiff;
- (2) the date the medical malpractice settlements or awards to the plaintiff were made;
- (3) the allegations contained in the claim or complaint leading to the settlements or awards made to the plaintiff;
- (4) the dollar amount of each medical malpractice settlement or award;
- (5) the regular address of the practice of the physician assistant against whom an award was made or with whom a settlement was made; and
- (6) the name of the physician assistant against whom an award was made or with whom a settlement was made.

The insurance company shall, in addition to the above information, report to the board any information it possesses which tends to substantiate a charge that a physician assistant may have engaged in conduct violating this chapter.

Subd. 6. **Courts.** The court administrator of district court or any other court of competent jurisdiction shall report to the board any judgment or other determination of the court which adjudges or includes a finding that a physician assistant is mentally ill, mentally incompetent, guilty of a felony, guilty of a violation of federal or state narcotics laws or controlled substances act, or guilty of an abuse or fraud under Medicare or Medicaid, appoints a guardian of the physician assistant pursuant to sections 524.5-101 to 524.5-502, or commits a physician assistant pursuant to chapter 253B.

Subd. 7. **Self-reporting.** A physician assistant shall report to the board any personal action which is a violation of this chapter.

Subd. 8. **Deadlines; forms.** Reports required by subdivisions 2 to 7 must be submitted not later than 30 days after the occurrence of the reportable event or transaction. The board may provide forms for the submission of reports required by this section, may require that reports be submitted on the forms provided, and may adopt rules necessary to assure prompt and accurate reporting.

Subd. 9. **Subpoenas.** The board may issue subpoenas for the production of any reports required by subdivisions 2 to 7 or any related documents.

History: 1995 c 205 art 1 s 13; 2004 c 146 art 3 s 47; 2020 c 115 art 2 s 14

147A.15 IMMUNITY.

Subdivision 1. **Reporting.** Any person, health care facility, business, or organization is immune from civil liability or criminal prosecution for submitting a report to the board pursuant to this chapter or for otherwise reporting to the board violations or alleged violations of this chapter. All such reports are confidential and absolutely privileged communications.

Subd. 2. **Investigation; indemnification.** (a) Members of the board, persons employed by the board, and consultants retained by the board for the purpose of investigation of violations or the preparation and management of charges of violations of this chapter on behalf of the board are immune from civil liability

and criminal prosecution for any actions, transactions, or publications in the execution of, or relating to, their duties under this chapter.

(b) Members of the board and persons employed by the board or engaged in maintaining records and making reports regarding adverse health care events are immune from civil liability and criminal prosecution for any actions, transactions, or publications in the execution of or relating to their duties under section 147A.155.

(c) For purposes of this section, a member of the board or a consultant described in paragraph (a) is considered a state employee under section 3.736, subdivision 9.

Subd. 3. Physician assistant cooperation. A physician assistant who is the subject of an investigation by or on behalf of the board shall cooperate fully with the investigation. Cooperation includes responding fully and promptly to any question raised by or on behalf of the board relating to the subject of the investigation and providing copies of patient medical records, as reasonably requested by the board, to assist the board in its investigation. The board shall pay for copies requested. If the board does not have a written consent from a patient permitting access to the patient's records, the physician assistant shall delete any data in the record which identifies the patient before providing it to the board. The board shall maintain any records obtained pursuant to this section as investigative data pursuant to chapter 13.

History: 1995 c 205 art 1 s 14; 2004 c 186 s 5

147A.155 REPORTS TO COMMISSIONER OF HEALTH.

(a) The board shall maintain a record of an event that comes to the board's attention that, in the judgment of the board or a committee of the board, qualifies as an adverse health care event under section 144.7065.

(b) Within 30 days of making a determination under paragraph (a) that an event qualifies as an adverse health care event, the board shall forward to the commissioner of health a report of the event, including the facility involved, the date of the event, and information known to the board regarding the event. The report shall not include any identifying information for any of the health care professionals, facility employees, or patients involved.

History: 2004 c 186 s 6

147A.16 FORMS OF DISCIPLINARY ACTION.

(a) When the board finds that a licensed physician assistant has violated a provision of this chapter, it may do one or more of the following:

(1) revoke the license;

(2) suspend the license;

(3) impose limitations or conditions on the physician assistant's practice, including limiting the scope of practice to designated field specialties; imposing retraining or rehabilitation requirements; or limiting practice until demonstration of knowledge or skills by appropriate examination or other review of skill and competence;

(4) impose a civil penalty not exceeding \$10,000 for each separate violation, the amount of the civil penalty to be fixed to deprive the physician assistant of any economic advantage gained by reason of the violation charged or to reimburse the board for the cost of the investigation and proceeding; or

(5) censure or reprimand the licensed physician assistant.

(b) Upon judicial review of any board disciplinary action taken under this chapter, the reviewing court shall seal the administrative record, except for the board's final decision, and shall not make the administrative record available to the public.

History: 1995 c 205 art 1 s 15; 2009 c 159 s 25; 2020 c 115 art 2 s 15; 2023 c 70 art 6 s 13

147A.17 PHYSICIAN ASSISTANT ACCOUNTABILITY.

Subdivision 1. **Investigation.** The board shall maintain and keep current a file containing the reports and complaints filed against physician assistants in the state. Each complaint filed with the board pursuant to section 214.10, subdivision 1, shall be investigated according to section 214.10, subdivision 2.

Whenever the files maintained by the board show that a medical malpractice settlement or award to the plaintiff has been made against a physician assistant as reported by insurers pursuant to this chapter, the executive director of the board shall notify the board and the board may authorize a review of the physician assistant's practice.

Subd. 2. **Attorney general investigation.** When the board initiates a review of a physician assistant's practice, it shall notify the attorney general who shall investigate the matter in the same manner as provided in section 214.10. If an investigation is to be made, the attorney general shall notify the physician assistant, and, if the incident being investigated occurred there, the administrator and chief of staff at the medical care facilities in which the physician assistant serves.

Subd. 3. **Access to hospital records.** The board shall have access to hospital and medical records of a patient treated by the physician assistant under review if the patient signs a written consent form permitting such access. If no consent form has been signed, the hospital or physician assistant shall first delete data in the record which identifies the patient before providing it to the board.

History: 1995 c 205 art 1 s 16

147A.18 Subdivision 1. MS 2018 [Repealed, 2020 c 115 art 2 s 34]

Subd. 2. MS 2018 [Repealed, 2020 c 115 art 2 s 34]

Subd. 3. MS 2018 [Repealed, 2020 c 115 art 2 s 34]

Subd. 4. MS 2008 [Repealed by amendment, 2009 c 159 s 26]

Subd. 5. MS 2008 [Repealed by amendment, 2009 c 159 s 26]

147A.185 PRESCRIBING DRUGS AND THERAPEUTIC DEVICES.

Subdivision 1. **Diagnosis, prescribing, and ordering.** A physician assistant is authorized to:

- (1) diagnose, prescribe, and institute therapy or referrals of patients to health care agencies and providers;
- (2) prescribe, procure, sign for, record, administer, and dispense over-the-counter drugs, legend drugs, and controlled substances, including sample drugs; and
- (3) plan and initiate a therapeutic regimen that includes ordering and prescribing durable medical devices and equipment, nutrition, diagnostic services, and supportive services including but not limited to home health care, hospice, physical therapy, and occupational therapy.

Subd. 2. **Drug Enforcement Administration requirements.** (a) A physician assistant must:

(1) comply with federal Drug Enforcement Administration (DEA) requirements related to controlled substances; and

(2) file any and all of the physician assistant's DEA registrations and numbers with the board.

(b) The board shall maintain current records of all physician assistants with DEA registration and numbers.

Subd. 3. **Other requirements and restrictions.** (a) Each prescription initiated by a physician assistant shall indicate the following:

(1) the date of issue;

(2) the name and address of the patient;

(3) the name and quantity of the drug prescribed;

(4) directions for use; and

(5) the name and address of the prescribing physician assistant.

(b) In prescribing, dispensing, and administering legend drugs, controlled substances, and medical devices, a physician assistant must comply with this chapter and chapters 151 and 152.

History: 2020 c 115 art 2 s 16

147A.19 IDENTIFICATION REQUIREMENTS.

Physician assistants licensed under this chapter shall keep their license available for inspection at their primary place of business and shall, when engaged in their professional activities, wear a name tag identifying themselves as a "physician assistant."

History: 1995 c 205 art 1 s 18; 2009 c 159 s 27

147A.20 MS 2018 [Repealed, 2020 c 115 art 2 s 34]

147A.21 MS 2016 [Repealed, 1Sp2017 c 6 art 11 s 56]

147A.22 MS 2008 [Repealed, 2009 c 159 s 112]

147A.23 RESPONDING TO DISASTER SITUATIONS.

A physician assistant duly licensed or credentialed in a United States jurisdiction or by a federal employer who is responding to a need for medical care created by an emergency according to section 604A.01, or a state or local disaster may render such care as the physician assistant is trained to provide, under the physician assistant's license or credential.

History: 1999 c 226 s 1; 2000 c 298 s 1; 2009 c 159 s 30; 2020 c 115 art 2 s 17

147A.24 CONTINUING EDUCATION REQUIREMENTS.

Subdivision 1. **Amount of education required.** Applicants for license renewal must either meet standards for continuing education through current certification by the National Commission on Certification of Physician Assistants, or its successor agency as approved by the board, or provide evidence of successful

completion of at least 50 contact hours of continuing education within the two years immediately preceding license renewal.

Subd. 2. **Type of education required.** Continuing education is approved if it is equivalent to category 1 credit hours as defined by the American Osteopathic Association Bureau of Professional Education, the Royal College of Physicians and Surgeons of Canada, the American Academy of Physician Assistants, or by organizations that have reciprocal arrangements with the physician recognition award program of the American Medical Association.

History: 1995 c 205 art 1 s 22; 2003 c 2 art 1 s 20; 2009 c 159 s 31

147A.25 MS 2000 [Repealed, 2001 c 3 s 1]

147A.26 PROCEDURES.

The board shall establish, in writing, internal operating procedures for receiving and investigating complaints, accepting and processing applications, granting licenses, and imposing enforcement actions. The written internal operating procedures may include procedures for sharing complaint information with government agencies in this and other states. Procedures for sharing complaint information must be consistent with the requirements for handling government data under chapter 13.

History: 1995 c 205 art 1 s 24; 1997 c 187 art 2 s 4; 2009 c 159 s 32

147A.27 PHYSICIAN ASSISTANT ADVISORY COUNCIL.

Subdivision 1. **Membership.** The Physician Assistant Advisory Council is created and is composed of seven persons appointed by the board. The seven persons must include:

- (1) two public members, as defined in section 214.02;
- (2) three physician assistants licensed under this chapter who meet the criteria for a new applicant under section 147A.02; and
- (3) two licensed physicians with experience practicing with physician assistants.

Subd. 2. **Organization.** The council shall be organized and administered under section 15.059.

Subd. 3. **Duties.** The council shall advise the board regarding:

- (1) physician assistant licensure standards;
- (2) enforcement of grounds for discipline;
- (3) distribution of information regarding physician assistant licensure standards;
- (4) applications and recommendations of applicants for licensure or license renewal;
- (5) complaints and recommendations to the board regarding disciplinary matters and proceedings concerning applicants and licensees according to sections 214.10; 214.103; and 214.13, subdivisions 6 and 7; and
- (6) issues related to physician assistant practice and regulation.

The council shall perform other duties authorized for the council by chapter 214 as directed by the board.

History: 1997 c 120 s 1; 2000 c 298 s 2; 2007 c 123 s 7; 2009 c 159 s 33; 2018 c 130 s 1; 2022 c 58 s 85

147A.28 PHYSICIAN ASSISTANT APPLICATION AND LICENSE FEES.

(a) The board may charge the following nonrefundable fees:

- (1) physician assistant application fee, \$120;
- (2) physician assistant annual license renewal fee, \$115;
- (3) physician assistant locum tenens permit, \$25;
- (4) physician assistant late fee, \$50;
- (5) duplicate license fee, \$20;
- (6) certification letter fee, \$25;
- (7) education or training program approval fee, \$100;
- (8) report creation and generation fee, \$60 per hour; and
- (9) verification fee, \$25.

(b) The board may prorate the initial annual license fee. All licensees are required to pay the full fee upon license renewal. The revenue generated from the fees must be deposited in an account in the state government special revenue fund.

History: 1Sp2017 c 6 art 11 s 4; 2019 c 8 art 7 s 4; 2020 c 79 art 1 s 5; 2022 c 99 art 2 s 6

147A.29 LICENSE RENEWAL CYCLE CONVERSION.

Subdivision 1. **Generally.** The license renewal cycle for physician assistant licensees is converted to an annual cycle where renewal is due on the last day of the licensee's month of birth. Conversion pursuant to this section begins January 1, 2020. This section governs license renewal procedures for licensees who were licensed before December 31, 2019. The conversion renewal cycle is the renewal cycle following the first license renewal after January 1, 2020. The conversion license period is the license period for the conversion renewal cycle. The conversion license period is between six and 17 months and ends the last day of the licensee's month of birth in either 2020 or 2021, as described in subdivision 2.

Subd. 2. **Conversion of license renewal cycle for current licensees.** For a licensee whose license is current as of December 31, 2019, the licensee's conversion license period begins on January 1, 2020, and ends on the last day of the licensee's month of birth in 2020, except that for licensees whose month of birth is January, February, March, April, May, or June, the licensee's renewal cycle ends on the last day of the licensee's month of birth in 2021.

Subd. 3. **Conversion of license renewal cycle for noncurrent licensees.** This subdivision applies to an individual who was licensed before December 31, 2019, but whose license is not current as of December 31, 2019. When the individual first renews the license after January 1, 2020, the conversion renewal cycle begins on the date the individual applies for renewal and ends on the last day of the licensee's month of birth in the same year, except that if the last day of the individual's month of birth is less than six months after

the date the individual applies for renewal, then the renewal period ends on the last day of the individual's month of birth in the following year.

Subd. 4. **Subsequent renewal cycles.** After the licensee's conversion renewal cycle under subdivision 2 or 3, subsequent renewal cycles are annual and begin on the last day of the month of the licensee's birth.

Subd. 5. **Conversion period and fees.** (a) A licensee who holds a license issued before January 1, 2020, and who renews that license pursuant to subdivision 2 or 3, shall pay a renewal fee as required in this subdivision.

(b) A licensee shall be charged the annual license fee listed in section 147A.28 for the conversion license period.

(c) For a licensee whose conversion license period is six to 11 months, the first annual license fee charged after the conversion license period shall be adjusted to credit the excess fee payment made during the conversion license period. The credit is calculated by: (1) subtracting the number of months of the licensee's conversion license period from 12; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(d) For a licensee whose conversion license period is 12 months, the first annual license fee charged after the conversion license period shall not be adjusted.

(e) For a licensee whose conversion license period is 13 to 17 months, the first annual license fee charged after the conversion license period shall be adjusted to add the annual license fee payment for the months that were not included in the annual license fee paid for the conversion license period. The added payment is calculated by: (1) subtracting 12 from the number of months of the licensee's conversion license period; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(f) For the second and all subsequent license renewals made after the conversion license period, the licensee's annual license fee is as listed in section 147A.28.

Subd. 6. **Expiration.** This section expires July 1, 2022.

History: 2019 c 8 art 1 s 3

147A.35 PHYSICIAN ASSISTANT LICENSURE COMPACT.

The physician assistant (PA) licensure compact is enacted into law and entered into with all other jurisdictions legally joining in it in the form substantially specified in this section.

ARTICLE I

TITLE

This statute shall be known and cited as the physician assistant licensure compact.

ARTICLE II

DEFINITIONS

As used in this compact, and except as otherwise provided, the following terms have the meanings given them.

(a) "Adverse action" means any administrative, civil, equitable, or criminal action permitted by a state's laws that is imposed by a licensing board or other authority against a PA license, license application, or

compact privilege such as license denial, censure, revocation, suspension, probation, monitoring of the licensee, or restriction on the licensee's practice.

(b) "Charter participating states" means the states that enacted the compact prior to the commission convening.

(c) "Compact privilege" means the authorization granted by a remote state to allow a licensee from another participating state to practice as a PA to provide medical services or other licensed activities to a patient located in the remote state under the remote state's laws and regulations.

(d) "Conviction" means a finding by a court that an individual is guilty of a felony or misdemeanor offense through adjudication or entry of a plea of guilt or no contest to the charge by the offender.

(e) "Criminal background check" means the submission of fingerprints or other biometric-based information for a license applicant for the purpose of obtaining that applicant's criminal history record information, as defined in Code of Federal Regulations, title 28, part 20, subpart 20.3, clause (d), from the state's criminal history record repository, as defined in Code of Federal Regulations, title 28, part 20, subpart 20.3, clause (f).

(f) "Data system" means the repository of information about licensees, including but not limited to license status and adverse action, that is created and administered under the terms of this compact.

(g) "Executive committee" means a group of directors and ex officio individuals elected or appointed pursuant to article VII, paragraph (f), clause (2).

(h) "Impaired practitioner" means a PA whose practice is adversely affected by a health-related condition that impacts the PA's ability to practice.

(i) "Investigative information" means information, records, and documents received or generated by a licensing board pursuant to an investigation.

(j) "Jurisprudence requirement" means the assessment of an individual's knowledge of the laws and rules governing the practice of a PA in a state.

(k) "License" means current authorization by a state, other than authorization pursuant to a compact privilege, for a PA to provide medical services, which would be unlawful without current authorization.

(l) "Licensee" means an individual who holds a license from a state to provide medical services as a PA.

(m) "Licensing board" means any state entity authorized to license and otherwise regulate PAs.

(n) "Medical services" means health care services provided for the diagnosis, prevention, treatment, cure, or relief of a health condition, injury, or disease, as defined by a state's laws and regulations.

(o) "Model compact" means the model for the PA licensure compact on file with the Council of State Governments or other entity as designated by the commission.

(p) "Participating state" means a state that has enacted this compact.

(q) "PA" means an individual who is licensed as a physician assistant in a state. For purposes of this compact, any other title or status adopted by a state to replace the term "physician assistant" shall be deemed synonymous with "physician assistant" and shall confer the same rights and responsibilities to the licensee under the provisions of this compact at the time of its enactment.

(r) "PA Licensure Compact Commission" or "compact commission" or "commission" means the national administrative body created pursuant to article VII, paragraph (a).

(s) "Qualifying license" means an unrestricted license issued by a participating state to provide medical services as a PA.

(t) "Remote state" means a participating state where a licensee who is not licensed as a PA is exercising or seeking to exercise the compact privilege.

(u) "Rule" means a regulation promulgated by an entity that has the force and effect of law.

(v) "Significant investigative information" means investigative information that a licensing board, after an inquiry or investigation that includes notification and an opportunity for the PA to respond if required by state law, has reason to believe is not groundless and, if proven true, would indicate more than a minor infraction.

(w) "State" means any state, commonwealth, district, or territory of the United States.

ARTICLE III

STATE PARTICIPATION IN THE COMPACT

(a) To participate in this compact, a participating state must:

(1) license PAs;

(2) participate in the commission's data system;

(3) have a mechanism in place for receiving and investigating complaints against licensees and license applicants;

(4) notify the commission, in compliance with the terms of this compact and commission rules, of any adverse action against the licensee or license applicant and the existence of significant investigative information regarding a licensee or license applicant;

(5) fully implement a criminal background check requirement, within a time frame established by commission rule, by its licensing board receiving the results of a criminal background check and reporting to the commission whether the license applicant has been granted a license;

(6) fully comply with the rules of the compact commission;

(7) utilize a recognized national examination such as the National Commission on Certification of Physician Assistants (NCCPA) physician assistant national certifying examination as a requirement for PA licensure; and

(8) grant the compact privilege to a holder of a qualifying license in a participating state.

(b) Nothing in this compact prohibits a participating state from charging a fee for granting the compact privilege.

ARTICLE IV

COMPACT PRIVILEGE

(a) To exercise the compact privilege, a licensee must:

(1) have graduated from a PA program accredited by the Accreditation Review Commission on Education for the Physician Assistant, Inc. or other programs authorized by commission rule;

(2) hold current NCCPA certification;

(3) have no felony or misdemeanor convictions;

(4) have never had a controlled substance license, permit, or registration suspended or revoked by a state or by the United States Drug Enforcement Administration;

(5) have a unique identifier as determined by commission rule;

(6) hold a qualifying license;

(7) have had no revocation of a license or limitation or restriction due to an adverse action on any currently held license;

(8) if a licensee has had a limitation or restriction on a license or compact privilege due to an adverse action, two years must have elapsed from the date on which the license or compact privilege is no longer limited or restricted due to the adverse action;

(9) if a compact privilege has been revoked or is limited or restricted in a participating state for conduct that would not be a basis for disciplinary action in a participating state in which the licensee is practicing or applying to practice under a compact privilege, that participating state shall have the discretion not to consider such action as an adverse action requiring the denial or removal of a compact privilege in that state;

(10) notify the compact commission that the licensee is seeking the compact privilege in a remote state;

(11) meet any jurisprudence requirement of a remote state in which the licensee is seeking to practice under the compact privilege and pay any fees applicable to satisfying the jurisprudence requirement; and

(12) report to the commission any adverse action taken by any nonparticipating state within 30 days after the date the action is taken.

(b) The compact privilege is valid until the expiration or revocation of the qualifying license unless terminated pursuant to an adverse action. The licensee must also comply with all of the requirements of paragraph (a) to maintain the compact privilege in a remote state. If the participating state takes adverse action against a qualifying license, the licensee shall lose the compact privilege in any remote state in which the licensee has a compact privilege until all of the following occur:

(1) the license is no longer limited or restricted; and

(2) two years have elapsed from the date on which the license is no longer limited or restricted due to the adverse action.

(c) Once a restricted or limited license satisfies the requirements of paragraph (b), the licensee must meet the requirements of paragraph (a) to obtain a compact privilege in any remote state.

(d) For each remote state in which a PA seeks authority to prescribe controlled substances, the PA shall satisfy all requirements imposed by such state in granting or renewing such authority.

ARTICLE V

DESIGNATION OF THE STATE FROM WHICH LICENSEE IS APPLYING FOR COMPACT PRIVILEGE

Upon a licensee's application for a compact privilege, the licensee must identify to the commission the participating state from which the licensee is applying, in accordance with applicable rules adopted by the commission, and subject to the following requirements:

(1) the licensee must provide the commission with the address of the licensee's primary residence and thereafter shall immediately report to the commission any change in the address of the licensee's primary residence; and

(2) the licensee must consent to accept service of process by mail at the licensee's primary residence on file with the commission with respect to any action brought against the licensee by the commission or a participating state, including a subpoena, with respect to any action brought or investigation conducted by the commission or a participating state.

ARTICLE VI

ADVERSE ACTIONS

(a) A participating state in which a licensee is licensed shall have exclusive power to impose adverse action against the qualifying license issued by that participating state.

(b) In addition to the other powers conferred by state law, a remote state shall have the authority, in accordance with existing state due process law, to do the following:

(1) take adverse action against a PA's compact privilege in the state to remove a licensee's compact privilege or take other action necessary under applicable law to protect the health and safety of its citizens; and

(2) issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a licensing board in a participating state for the attendance and testimony of witnesses or the production of evidence from another participating state shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state in which the witnesses or evidence are located.

(c) Notwithstanding paragraph (b), clause (1), subpoenas may not be issued by a participating state to gather evidence of conduct in another state that is lawful in that other state, for the purpose of taking adverse action against a licensee's compact privilege or application for a compact privilege in that participating state.

(d) Nothing in this compact authorizes a participating state to impose discipline against a PA's compact privilege or to deny an application for a compact privilege in that participating state for the individual's otherwise lawful practice in another state.

(e) For purposes of taking adverse action, the participating state which issued the qualifying license shall give the same priority and effect to reported conduct received from any other participating state as it would if the conduct had occurred within the participating state which issued the qualifying license. In so doing, that participating state shall apply its own state laws to determine appropriate action.

(f) A participating state, if otherwise permitted by state law, may recover from the affected PA the costs of investigations and disposition of cases resulting from any adverse action taken against that PA.

(g) A participating state may take adverse action based on the factual findings of a remote state, provided that the participating state follows its own procedures for taking the adverse action.

(h) Joint investigations:

(1) in addition to the authority granted to a participating state by its respective state PA laws and regulations or other applicable state law, any participating state may participate with other participating states in joint investigations of licensees; and

(2) participating states shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under this compact.

(i) If an adverse action is taken against a PA's qualifying license, the PA's compact privilege in all remote states shall be deactivated until two years have elapsed after all restrictions have been removed from the state license. All disciplinary orders by the participating state which issued the qualifying license that impose adverse action against a PA's license shall include a statement that the PA's compact privilege is deactivated in all participating states during the pendency of the order.

(j) If any participating state takes adverse action, it promptly shall notify the administrator of the data system.

ARTICLE VII

ESTABLISHMENT OF THE PA LICENSURE COMPACT COMMISSION

(a) The participating states hereby create and establish a joint government agency and national administrative body known as the PA Licensure Compact Commission. The commission is an instrumentality of the compact states acting jointly, and is not an instrumentality of any one state. The commission shall come into existence on or after the effective date of the compact as set forth in article XI, paragraph (a).

(b) Membership, voting, and meetings:

(1) each participating state shall have and be limited to one delegate selected by that participating state's licensing board or, if the state has more than one licensing board, selected collectively by the participating state's licensing boards;

(2) the delegate shall be:

(i) a current PA, physician, or public member of a licensing board or PA council or committee; or

(ii) an administrator of a licensing board;

(3) any delegate may be removed or suspended from office as provided by the laws of the state from which the delegate is appointed;

(4) the participating state board shall fill any vacancy occurring in the commission within 60 days;

(5) each delegate shall be entitled to one vote on all matters voted on by the commission and shall otherwise have an opportunity to participate in the business and affairs of the commission;

(6) a delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telecommunications, video conference, or other means of communication;

(7) the commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in this compact and the bylaws; and

(8) the commission shall establish by rule a term of office for delegates.

(c) The commission shall have the following powers and duties:

- (1) establish a code of ethics for the commission;
- (2) establish the fiscal year of the commission;
- (3) establish fees;
- (4) establish bylaws;
- (5) maintain its financial records in accordance with the bylaws;
- (6) meet and take such actions as are consistent with the provisions of this compact and the bylaws;
- (7) promulgate rules to facilitate and coordinate implementation and administration of this compact. The rules shall have the force and effect of law and shall be binding in all participating states;
- (8) bring and prosecute legal proceedings or actions in the name of the commission, provided that the standing of any state licensing board to sue or be sued under applicable law shall not be affected;
- (9) purchase and maintain insurance and bonds;
- (10) borrow, accept, or contract for services of personnel, including but not limited to employees of a participating state;
- (11) hire employees and engage contractors, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of this compact, and establish the commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;
- (12) accept any and all appropriate donations and grants of money, equipment, supplies, materials, and services, and receive, utilize, and dispose of the same, provided that at all times the commission shall avoid any appearance of impropriety or conflict of interest;
- (13) lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve, or use, any property, real, personal, or mixed, provided that at all times the commission shall avoid any appearance of impropriety;
- (14) sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;
- (15) establish a budget and make expenditures;
- (16) borrow money;
- (17) appoint committees, including standing committees composed of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;
- (18) provide and receive information from, and cooperate with, law enforcement agencies;
- (19) elect a chair, vice chair, secretary, and treasurer and such other officers of the commission as provided in the commission's bylaws;

(20) reserve for itself, in addition to those reserved exclusively to the commission under the compact, powers that the executive committee may not exercise;

(21) approve or disapprove a state's participation in the compact based upon its determination as to whether the state's compact legislation departs in a material manner from the model compact language;

(22) prepare and provide to the participating states an annual report; and

(23) perform such other functions as may be necessary or appropriate to achieve the purposes of this compact consistent with the state regulation of PA licensure and practice.

(d) Meetings of the commission:

(1) all meetings of the commission that are not closed pursuant to this paragraph shall be open to the public. Notice of public meetings shall be posted on the commission's website at least 30 days prior to the public meeting;

(2) notwithstanding clause (1), the commission may convene a public meeting by providing at least 24 hours' prior notice on the commission's website, and any other means as provided in the commission's rules, for any of the reasons it may dispense with notice of proposed rulemaking under article IX, paragraph (1);

(3) the commission may convene in a closed, nonpublic meeting or nonpublic part of a public meeting to receive legal advice or to discuss:

(i) noncompliance of a participating state with its obligations under this compact;

(ii) the employment, compensation, discipline, or other matters, practices, or procedures related to specific employees, or other matters related to the commission's internal personnel practices and procedures;

(iii) current, threatened, or reasonably anticipated litigation;

(iv) negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;

(v) accusing any person of a crime or formally censuring any person;

(vi) disclosure of trade secrets or commercial or financial information that is privileged or confidential;

(vii) disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

(viii) disclosure of investigative records compiled for law enforcement purposes;

(ix) disclosure of information related to any investigative reports prepared by or on behalf of, or for use of, the commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to this compact;

(x) legal advice; or

(xi) matters specifically exempted from disclosure by federal or participating states' statutes;

(4) if a meeting, or portion of a meeting, is closed pursuant to clause (3), the chair of the meeting or the chair's designee shall certify that the meeting or portion of the meeting may be closed and shall reference each relevant exempting provision; and

(5) the commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the commission or order of a court of competent jurisdiction.

(e) Financing of the commission:

(1) the commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities;

(2) the commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services;

(3) the commission may levy on and collect an annual assessment from each participating state and may impose compact privilege fees on licensees of participating states to whom a compact privilege is granted, to cover the cost of the operations and activities of the commission and its staff. The cost of the operations and activities of the commission and its staff must be in a total amount sufficient to cover its annual budget as approved by the commission each year for which revenue is not provided by other sources. The aggregate annual assessment amount levied on participating states shall be allocated based upon a formula to be determined by commission rule:

(i) a compact privilege expires when the licensee's qualifying license in the participating state from which the licensee applied for the compact privilege expires; and

(ii) if the licensee terminates the qualifying license through which the licensee applied for the compact privilege before its scheduled expiration, and the licensee has a qualifying license in another participating state, the licensee shall inform the commission that it is changing the participating state through which it applies for a compact privilege to the other participating state and pay to the commission any compact privilege fee required by commission rule;

(4) the commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same, nor shall the commission pledge the credit of any of the participating states, except by and with the authority of the participating state; and

(5) the commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the financial review and accounting procedures established under its bylaws. All receipts and disbursements of funds handled by the commission shall be subject to an annual financial review by a certified or licensed public accountant, and the report of the financial review shall be included in and become part of the annual report of the commission.

(f) The executive committee:

(1) the executive committee shall have the power to act on behalf of the commission according to the terms of this compact and commission rules;

(2) the executive committee shall be composed of nine members as follows:

(i) seven voting members who are elected by the commission from the current membership of the commission;

(ii) one ex officio, nonvoting member from a recognized national PA professional association; and

(iii) one ex officio, nonvoting member from a recognized national PA certification organization;

(3) the ex officio members will be selected by their respective organizations;

(4) the commission may remove any member of the executive committee as provided in its bylaws;

(5) the executive committee shall meet at least annually;

(6) the executive committee shall have the following duties and responsibilities:

(i) recommend to the entire commission changes to the commission's rules or bylaws, changes to this compact legislation, fees paid by compact participating states such as annual dues, and any commission compact fee charged to licensees for the compact privilege;

(ii) ensure compact administration services are appropriately provided, contractual or otherwise;

(iii) prepare and recommend the budget;

(iv) maintain financial records on behalf of the commission;

(v) monitor compact compliance of participating states and provide compliance reports to the commission;

(vi) establish additional committees as necessary;

(vii) exercise the powers and duties of the commission during the interim between commission meetings, except for issuing proposed rulemaking or adopting commission rules or bylaws, or exercising any other powers and duties exclusively reserved to the commission by the commission's rules; and

(viii) perform other duties as provided in commission's rules or bylaws;

(7) all meetings of the executive committee at which it votes or plans to vote on matters in exercising the powers and duties of the commission shall be open to the public, and public notice of such meetings shall be given as public meetings of the commission are given; and

(8) the executive committee may convene in a closed, nonpublic meeting for the same reasons that the commission may convene in a nonpublic meeting as set forth in paragraph (d), clause (3), and shall announce the closed meeting as the commission is required to under paragraph (d), clause (4), and keep minutes of the closed meeting as the commission is required to under paragraph (d), clause (5).

(g) Qualified immunity, defense, and indemnification:

(1) the members, officers, executive director, employees, and representatives of the commission shall be immune from suit and liability, both personally and in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred, within the scope of commission employment, duties, or responsibilities, provided that nothing in this paragraph shall be construed to protect any such person from suit or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person. The procurement of insurance of any type by the commission shall not in any way compromise or limit the immunity granted hereunder;

(2) the commission shall defend any member, officer, executive director, employee, or representative of the commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or

that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities, provided that nothing herein shall be construed to prohibit that person from retaining their own counsel at their own expense, and provided further that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct;

(3) the commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person;

(4) except as provided under paragraph (i), venue is proper and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses in any proceedings as authorized by commission rules;

(5) nothing herein shall be construed as a limitation on the liability of any licensee for professional malpractice or misconduct, which shall be governed solely by any other applicable state laws;

(6) nothing herein shall be construed to designate the venue or jurisdiction to bring actions for alleged acts of malpractice, professional misconduct, negligence, or other such civil action pertaining to the practice of a PA. All such matters shall be determined exclusively by state law other than this compact;

(7) nothing in this compact shall be interpreted to waive or otherwise abrogate a participating state's state action immunity or state action affirmative defense with respect to antitrust claims under the federal Sherman Act, Clayton Act, or any other state or federal antitrust or anticompetitive law or regulation; and

(8) nothing in this compact shall be construed to be a waiver of sovereign immunity by the participating states or by the commission.

(h) Notwithstanding paragraph (g), clause (1), the liability of the executive director, employees, or representatives of the interstate commission, acting within the scope of their employment or duties, may not exceed the limits of liability set forth under the constitution and laws of this state for state officials, employees, and agents. This paragraph expressly incorporates section 3.736, and neither expands nor limits the rights and remedies provided under that statute.

(i) Except for a claim alleging a violation of this compact, a claim against the commission, its executive director, employees, or representatives alleging a violation of the constitution and laws of this state may be brought in any county where the plaintiff resides. Nothing in this paragraph creates a private right of action.

ARTICLE VIII

DATA SYSTEM

(a) The commission shall provide for the development, maintenance, and utilization of a coordinated database and reporting system containing licensure and adverse action information, and the reporting of significant investigative information on all licensed PAs and applicants denied a license in participating states.

(b) Notwithstanding any other state law to the contrary, a participating state shall submit a uniform data set to the data system on all PAs to whom this compact is applicable, using a unique identifier, as required by the rules of the commission, including:

(1) identifying information;

(2) licensure data;

(3) adverse actions against a license or compact privilege;

(4) any denial of application for licensure and the reason or reasons for the denial, excluding the reporting of any criminal history record information where prohibited by law;

(5) the existence of significant investigative information; and

(6) other information that may facilitate the administration of this compact, as determined by the rules of the commission.

(c) Significant investigative information pertaining to a licensee in any participating state shall only be available to other participating states.

(d) The commission shall promptly notify all participating states of any reports it receives of any adverse action taken against a licensee or an individual applying for a license. This adverse action information shall be available to any other participating state.

(e) Participating states contributing information to the data system may, in accordance with state or federal law, designate information that may not be shared with the public without the express permission of the contributing state. Notwithstanding any such designation, such information shall be reported to the commission through the data system.

(f) Any information submitted to the data system that is subsequently expunged by federal law or the laws of the participating state contributing the information shall be removed from the data system upon reporting of such by the participating state to the commission.

(g) The records and information provided to a participating state pursuant to this compact or through the data system, when certified by the commission or an agent thereof, shall constitute the authenticated business records of the commission and shall be entitled to any associated hearsay exception in any relevant judicial, quasi-judicial, or administrative proceedings in a participating state.

ARTICLE IX

RULEMAKING

(a) The commission shall exercise its rulemaking powers pursuant to the criteria set forth in this article and the rules adopted thereunder. Commission rules shall become binding as of the date specified by the commission for each rule.

(b) The commission shall promulgate reasonable rules in order to effectively and efficiently implement and administer this compact and achieve its purposes. A commission rule shall be invalid and have no force or effect only if a court of competent jurisdiction holds that the rule is invalid because the commission exercised its rulemaking authority in a manner that is beyond the scope of the purposes of this compact, or the powers granted hereunder, or based upon another applicable standard of review.

(c) The rules of the commission shall have the force of law in each participating state, provided however that where the rules of the commission conflict with the laws of the participating state that establish the medical services a PA may perform in the participating state, as held by a court of competent jurisdiction, the rules of the commission shall be ineffective in that state to the extent of the conflict.

(d) If a majority of the legislatures of the participating states rejects a commission rule, by enactment of a statute or resolution in the same manner used to adopt the compact within four years of the date of adoption of the rule, then such rule shall have no further force and effect in any participating state or in any state applying to participate in the compact.

(e) Rules or amendments to the rules shall be adopted at a regular or special meeting of the commission.

(f) Prior to promulgation and adoption of a final rule or rules by the commission and at least 30 days in advance of the meeting at which the rule will be considered and voted upon, the commission shall file a notice of proposed rulemaking:

- (1) on the website of the commission or other publicly accessible platform;
- (2) to persons who have requested notice of the commission's notices of proposed rulemaking; and
- (3) in such other ways as the commission may specify by rule.

(g) The notice of proposed rulemaking shall include:

- (1) the time, date, and location of the public hearing on the proposed rule;
- (2) the time, date, and location of the public hearing in which the proposed rule will be considered and voted upon;
- (3) the text of the proposed rule and the reason for the proposed rule;
- (4) a request for comments on the proposed rule from any interested person and the date by which written comments must be received; and
- (5) the manner in which interested persons may submit notice to the commission of their intention to attend the public hearing and any written comments.

(h) Prior to adoption of a proposed rule, the commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

(i) If the hearing is held via electronic means, the commission shall publish the mechanism for access to the electronic hearing:

- (1) all persons wishing to be heard at the hearing shall notify the commission of their desire to appear and testify at the hearing, not less than five business days before the scheduled date of the hearing, as directed in the notice of proposed rulemaking;
- (2) hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing;
- (3) all hearings shall be recorded. A copy of the recording and the written comments, data, facts, opinions, and arguments received in response to the proposed rulemaking shall be made available to a person on request; and

(4) nothing in this section shall be construed as requiring a separate hearing on each rule. Proposed rules may be grouped for the convenience of the commission at hearings required by this article.

(j) Following the public hearing, the commission shall consider all written and oral comments timely received.

(k) The commission shall, by majority vote of all delegates, take final action on the proposed rule and shall determine the effective date of the rule, if adopted, based on the rulemaking record and the full text of the rule. The commission:

(1) shall, if adopted, post the rule on the commission's website;

(2) may adopt changes to the proposed rule provided the changes do not expand the original purpose of the proposed rule;

(3) shall provide on its website an explanation of the reasons for substantive changes made to the proposed rule as well as reasons for substantive changes not made that were recommended by commenters; and

(4) shall determine a reasonable effective date for the rule. Except for an emergency as provided in paragraph (l), the effective date of the rule shall be no sooner than 30 days after the commission issued the notice that it adopted the rule.

(l) Upon determination that an emergency exists, the commission may consider and adopt an emergency rule with 24 hours' prior notice, without the opportunity for comment or hearing, provided that the usual rulemaking procedures provided in the compact and in this article shall be retroactively applied to the rule as soon as reasonably possible, in no event later than 90 days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately by the commission in order to:

(1) meet an imminent threat to public health, safety, or welfare;

(2) prevent a loss of commission or participating state funds;

(3) meet a deadline for the promulgation of a commission rule that is established by federal law or rule;
or

(4) protect public health and safety.

(m) The commission or an authorized committee of the commission may direct revisions to a previously adopted commission rule for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the commission. The revision shall be subject to challenge by any person for a period of 30 days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made as set forth in the notice of revisions and delivered to the commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission.

(n) No participating state's rulemaking requirements shall apply under this compact.

ARTICLE X

OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

(a) Oversight:

(1) the executive and judicial branches of state government in each participating state shall enforce this compact and take all actions necessary and appropriate to implement the compact;

(2) venue is proper and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings. Nothing herein shall affect or limit the selection or propriety of venue in any action against a licensee for professional malpractice, misconduct, or any such similar matter; and

(3) the commission shall be entitled to receive service of process in any such proceeding regarding the enforcement or interpretation of the compact or the commission's rules and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the commission shall render a judgment or order void as to the commission, this compact, or commission rules.

(b) Default, technical assistance, and termination:

(1) if the commission determines that a participating state has defaulted in the performance of its obligations or responsibilities under this compact or the commission rules, the commission shall:

(i) provide written notice to the defaulting state and other participating states describing the default, the proposed means of curing the default, or any other action that the commission may take; and

(ii) offer remedial training and specific technical assistance regarding the default;

(2) if a state in default fails to cure the default, the defaulting state may be terminated from this compact upon an affirmative vote of a majority of the delegates of the participating states, and all rights, privileges, and benefits conferred by this compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default;

(3) termination of participation in this compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the commission to the governor, the majority and minority leaders of the defaulting state's legislature, and the licensing board or boards of each of the participating states;

(4) a state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination;

(5) the commission shall not bear any costs related to a state that is found to be in default or that has been terminated from this compact, unless agreed upon in writing between the commission and the defaulting state;

(6) the defaulting state may appeal its termination from the compact by the commission by petitioning the United States District Court for the District of Columbia or the federal district where the commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney fees; and

(7) upon the termination of a state's participation in the compact, the state shall immediately provide notice to all licensees within that state of such termination:

(i) licensees who have been granted a compact privilege in that state shall retain the compact privilege for 180 days following the effective date of such termination; and

(ii) licensees who are licensed in that state who have been granted a compact privilege in a participating state shall retain the compact privilege for 180 days, unless the licensee also has a qualifying license in a participating state or obtains a qualifying license in a participating state before the 180-day period ends, in which case the compact privilege shall continue.

(c) Dispute resolution:

(1) upon request by a participating state, the commission shall attempt to resolve disputes related to this compact that arise among participating states and between participating and nonparticipating states; and

(2) the commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes, as appropriate.

(d) Enforcement:

(1) the commission, in the reasonable exercise of its discretion, shall enforce the provisions of this compact and rules of the commission;

(2) if compliance is not secured after all means to secure compliance have been exhausted, by majority vote, the commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the commission has its principal offices against a participating state in default, to enforce compliance with the provisions of this compact and the commission's promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney fees; and

(3) the remedies herein shall not be the exclusive remedies of the commission. The commission may pursue any other remedies available under federal or state law.

(e) Legal action against the commission:

(1) a participating state may initiate legal action against the commission in the United States District Court for the District of Columbia or the federal district where the commission has its principal offices to enforce compliance with the provisions of the compact and the commission's rules. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney fees; and

(2) no person other than a participating state shall enforce this compact against the commission.

ARTICLE XI

DATE OF IMPLEMENTATION OF THE PA LICENSURE COMPACT COMMISSION

(a) This compact shall come into effect on the date on which the compact statute is enacted into law in the seventh participating state.

(b) On or after the effective date of the compact, the commission shall convene and review the enactment of each of the charter participating states to determine if the statute enacted by each charter participating state is materially different than the model compact. A charter participating state whose enactment is found

to be materially different from the model compact shall be entitled to the default process set forth in article X, paragraph (b).

(c) If any participating state later withdraws from the compact or its participation is terminated, the commission shall remain in existence and the compact shall remain in effect even if the number of participating states should be less than seven. Participating states enacting the compact subsequent to the commission convening shall be subject to the process set forth in article VII, paragraph (c), clause (21), to determine if their enactments are materially different from the model compact and whether they qualify for participation in the compact.

(d) Any participating state enacting the compact subsequent to the seven initial charter participating states shall be subject to the process set forth in article VII, paragraph (c), clause (21), to determine if the state's enactment is materially different from the model compact and whether the state qualifies for participation in the compact.

(e) All actions taken for the benefit of the commission or in furtherance of the purposes of the administration of the compact prior to the effective date of the compact or the commission coming into existence shall be considered to be actions of the commission unless specifically repudiated by the commission.

(f) Any state that joins this compact shall be subject to the commission's rules and bylaws as they exist on the date on which this compact becomes law in that state. Any rule that has been previously adopted by the commission shall have the full force and effect of law on the day this compact becomes law in that state.

(g) Any participating state may withdraw from this compact by enacting a statute repealing the same:

(1) a participating state's withdrawal shall not take effect until 180 days after enactment of the repealing statute. During this 180-day period, all compact privileges that were in effect in the withdrawing state and were granted to licensees licensed in the withdrawing state shall remain in effect. If any licensee licensed in the withdrawing state is also licensed in another participating state or obtains a license in another participating state within the 180 days, the licensee's compact privileges in other participating states shall not be affected by the passage of the 180 days;

(2) withdrawal shall not affect the continuing requirement of the state licensing board or boards of the withdrawing state to comply with the investigative and adverse action reporting requirements of this compact prior to the effective date of withdrawal; and

(3) upon the enactment of a statute withdrawing a state from this compact, the state shall immediately provide notice of such withdrawal to all licensees within that state. Such withdrawing state shall continue to recognize all licenses granted pursuant to this compact for a minimum of 180 days after the date of such notice of withdrawal.

(h) Nothing contained in this compact shall be construed to invalidate or prevent any PA licensure agreement or other cooperative arrangement between participating states or a participating state and a nonparticipating state that does not conflict with the provisions of this compact.

(i) This compact may be amended by the participating states. No amendment to this compact shall become effective and binding upon any participating state until it is enacted materially in the same manner into the laws of all participating states, as determined by the commission.

ARTICLE XII

CONSTRUCTION AND SEVERABILITY

(a) This compact and the commission's rulemaking authority shall be liberally construed so as to effectuate the purposes of the compact and its implementation and administration. Provisions of the compact expressly authorizing or requiring the promulgation of rules shall not be construed to limit the commission's rulemaking authority solely for those purposes.

(b) The provisions of this compact shall be severable and if any phrase, clause, sentence, or provision of this compact is held by a court of competent jurisdiction to be contrary to the constitution of any participating state, of a state seeking participation in the compact, or of the United States, or the applicability thereof to any government, agency, person, or circumstance is held to be unconstitutional by a court of competent jurisdiction, the validity of the remainder of this compact and the applicability thereof to any government, agency, person, or circumstance shall not be affected thereby.

(c) Notwithstanding paragraph (b) or any provision of this article, the commission may deny a state's participation in the compact or, in accordance with the requirements of article X, paragraph (b), terminate a participating state's participation in the compact, if it determines that a constitutional requirement of a participating state is, or would be with respect to a state seeking to participate in the compact, a material departure from the compact. Otherwise, if this compact shall be held to be contrary to the constitution of any participating state, the compact shall remain in full force and effect as to the remaining participating states and in full force and effect as to the participating state affected as to all severable matters.

ARTICLE XIII

BINDING EFFECT OF THE COMPACT

(a) Nothing herein prevents the enforcement of any other law of a participating state that is not inconsistent with this compact.

(b) Any laws in a participating state in conflict with this compact are superseded to the extent of the conflict.

(c) All agreements between the commission and the participating states are binding in accordance with their terms.

History: 2024 c 127 art 26 s 1