




**GEORGIA DEPARTMENT OF PUBLIC HEALTH
POLICY # PT-18002
GEORGIA AIDS DRUG ASSISTANCE PROGRAM
PHYSICIAN ASSISTANT PROVIDER STATUS
POLICY AND PROCEDURE**

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| Approval: |  | April 21, 2022 |
| | Kathleen E. Toomey, M.D., M.P.H., Commissioner | Date |

1.0 PURPOSE

This policy contains guidelines for the Georgia AIDS Drug Assistance Program to accept prescriptions, applications and recertification forms issued by a Physician Assistant.

2.0 AUTHORITY

The Georgia Department of Public Health (DPH) Georgia AIDS Drug Assistance Program Physician Assistant Provider Status Policy and Procedure is published under the authority of DPH and in compliance with the following:

- 2.1.1 The Georgia Composite Medical Board Physician Assistant Rules Chapter 360-5 pursuant to Georgia Code, Title 43, Chapter 34, Article 4, and
- 2.1.2 The Rules of the Georgia State Board of Pharmacy Chapter 480-22-.12.

3.0 SCOPE

This policy applies to all Physician Assistants who wish to apply for or maintain Georgia AIDS Drug Assistance Program provider status.

4.0 POLICY

The policy of the Department of Public Health is to provide options and procedures for the Georgia AIDS Drug Assistance Program (ADAP) to accept written prescriptions, applications, and recertification forms issued by a Physician Assistant (PA) practicing under Georgia Code Title 43, Chapter 34, Article 4 and all applicable Rules. By accepting PA written prescriptions, applications, and recertification forms, ADAP will be able to expedite client access to HIV medications.

5.0 DEFINITIONS

5.1 ADAP – Georgia AIDS Drug Assistance Program

5.2 PA – Physician Assistant

5.2.1 Physician assistant means a skilled person who is licensed to a supervising physician and who is qualified by academic and practical training to provide patients' services not necessarily within the physical presence but under the

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personal direction or supervision of the supervising physician. O.C.G.A. § 43-34-102(7).

- 5.3 Physician means a person lawfully licensed in Georgia to practice medicine and surgery pursuant to Georgia Code Article 2, Chapter 34 of Title 43.
- 5.4 Primary supervising physician means the physician to whom the Georgia Composite Medical Board (Board) licenses a physician assistant pursuant to a Board approved job description and who has the primary responsibility for supervising the practice of a physician assistant pursuant to that physician assistant’s job description. O.C.G.A. § 43-34-102(9).
- 5.5 Job description means a document, signed by the primary supervising physician and the physician assistant, in which the primary supervising physician delegates to that physician assistant authority to perform certain medical acts and which describes the professional background and specialty of the primary supervising physician, and the qualifications, including related experience of the physician assistant; and includes a general description of how the physician assistant will be utilized in the practice. A job description shall not be required to contain every activity the physician deems the physician assistant qualified to perform but shall confine the activities of the physician assistant to those in the scope of practice of the primary supervising physician. O.C.G.A. § 43-34-102(4).
- 5.6 The Department refers to the “Georgia Department of Public Health.”

6.0 RESPONSIBILITIES

- 6.1 PAs described herein must comply with:
- 6.1.1 Rules of the Board Chapter 360-5 pursuant to Georgia Code, Title 43, Chapter 34, Article 4,
- 6.1.2 Rules of the Georgia State Board of Pharmacy, Chapter 480-22.12, and
- 6.1.3 All applicable state and federal laws, rules, and regulations.

7.0 PROCEDURES

- 7.1 ADAP may only accept written prescriptions, applications, and recertification forms from PAs who have a current job description approved by the Board.
- 7.2 The PA’s approved job description must include delegation by the supervising physician the authority to carry out a prescription drug order. Board Rule 360-5-.12 pursuant to O.C.G.A. § 43-34-103.
- 7.3 The PA must demonstrate HIV experience, e.g., national HIV certification, managed at least 20 HIV patients in the past 24 months, completed at least 30 credits of HIV-related continuing education within the last 24 months, including a

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minimum of 3 credits of HIV pharmaceuticals. Education credits earned must be in minimum increments of at least 0.5 credits and be directly related to the specialty of HIV, e.g., HIV care, HIV prevention, HIV pharmaceuticals. Credits must be from a Board approved provider: A.M.A. (American Medical Association) Category 1, the A.O.A. (American Osteopathic Association) Category 1, A.A.A.A. (American Academy of Anesthesiologist's Assistants) Category 1, AAFP (American Academy of Family Physicians) Category 1, and the A.A.P.A. (American Academy of Physician Assistants) Category 1 credit.

7.4 For initial PA provider applications, the PA must submit to ADAP a completed and signed application for ADAP Provider status, including but not limited to the following information:

7.4.1 PA's name, credentials, practice address, phone number, email address, Georgia PA license number and NPI number,

7.4.2 Primary supervising physician's name, credentials, practice address, phone number, email address, Georgia physician license number and NPI number,

7.4.3 PA's current Board approved job description, and

7.4.4 Supporting documentation of HIV experience and evidence of education credits earned in the preceding 24 months.

7.5 For maintenance of ADAP provider status and at least 30 days prior to annual expiration, the PA must submit to ADAP a completed and signed application for PA Provider status, including but not limited to the following information:

7.5.1 PA's name, credentials, practice address, phone number, email address, Georgia PA license number and NPI number,

7.5.2 Primary supervising physician's name, credentials, practice address, phone number, email address, Georgia physician license number and NPI number,

7.5.3 PA's current Board approved job description, if changed since last ADAP PA Provider approval, and

7.5.4 Supporting documentation of HIV experience and evidence of education credits earned subsequent to last ADAP Provider approval date, e.g., national HIV certification, managed at least 10 HIV patients, completed at least 15 credits of HIV-related continuing education including a minimum of at least 1.5 credits of HIV pharmaceuticals. Education credits earned must be in minimum increments of at least 0.5 credits and be directly related to the specialty of HIV, e.g., HIV care, HIV prevention, HIV pharmaceuticals. Credits earned must be from a Board approved provider: A.M.A. (American Medical Association) Category 1, the A.O.A. (American Osteopathic Association) Category 1, A.A.A.A. (American Academy of Anesthesiologist's Assistants) Category 1, AAFP (American Academy of Family Physicians)

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Category I, and the A.A.P.A. (American Academy of Physician Assistants) Category 1 credit.

- 7.6 Supervising physicians must have experience in caring for clients with HIV and be an ordering physician for ADAP.
- 7.7 The Department will verify the PA's job description and licensure via the Board website <http://medicalboard.georgia.gov> and review supporting documentation.
- 7.8 The Department will notify the PA and primary supervising physician of the PA's ADAP provider status within 30 days of reviewing the PA's application, current Board licensure, approved job description and supporting documentation.
- 7.9 If approved, the ADAP Coordinator or designee will notify the Pharmacy Benefit Manager to add the approved PA to the participating provider list for prescription processing for the ADAP Contract Pharmacy (ACP) Network. Then the PA may begin to submit applications, recertification forms, and prescriptions for ADAP clients.
- 7.10 ADAP will maintain a list of PAs approved to submit applications, recertification forms, and prescriptions for ADAP clients.
- 7.11 In minimizing processing delays, the PA must ensure that ADAP applications or recertification forms are thoroughly completed prior to submission to ADAP including signing and dating each form.
- 7.12 The supervising physician's name and phone number must be included on ADAP application and recertification forms.
- 7.13 The PA must provide medical management of HIV infection in accordance with the U.S. Department of Health and Human Services (DHHS) HIV-related guidelines available at <https://clinicalinfo.hiv.gov/en/guidelines>.
- 7.14 Prescription drug orders must be written on forms that comply with the Board Rules 360-5.12 pursuant to O.C.G.A. § 43-34-103 and include signature by the PA.
- 7.15 Prescription drug orders must be written for drugs on the ADAP Formulary.
- 7.16 In the case that the PA/primary supervising physician relationship is terminated, the PA or primary supervising physician must submit notification of termination in writing to ADAP within 10 working days of the date of termination of the job description. Failure to submit this notification may result in denial of future applications for ADAP provider status.
- 7.17 If terminated, the ADAP Coordinator or designee will immediately notify the Pharmacy Benefit Manager to remove the approved PA from the participating provider list for prescription processing for the ADAP Contract Pharmacy (ACP) Network.

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7.18 Criteria to deny or terminate PA ADAP provider status include failure of the PA to:

7.18.1 Comply with procedures in this policy,

7.18.2 Comply with the Board Rules, Chapter 360-5 and any applicable state or federal laws, and/or

7.18.3 Provide treatment in accordance with U.S. DHHS HIV-related guidelines.

7.19 The Department reserves the right to deny or terminate PA ADAP provider status based upon any information that would lead the Department to believe that it is not in the best interests of the public's safety and/or welfare to permit the individual to serve.

7.20 The Department will periodically evaluate drug utilization and prescribing practices for quality purposes.

7.0 REVISION HISTORY

| REVISION # | REVISION DATE | REVISION COMMENTS |
|------------|----------------|-------------------|
| 0 | March 11, 2013 | Initial Issue |
| 1 | April 21, 2022 | Revised |

8.0 RELATED FORMS

ADAP Physician Assistant Provider Application



ADAP Physician Assistant Provider Application

Date of Application Click or tap to enter a date.

Physician Assistant (PA) full name and credentials:

Click here to enter text.

PA practice name and address:

Click here to enter text.

PA phone number: Click here to enter text.

PA email address: Click here to enter text.

GA PA license number : Click here to enter text. **NPI number:** Click here to enter text.

Primary Supervising Physician full name and credentials:

Click here to enter text.

Physician practice address:

Click here to enter text.

Physician phone number: Click here to enter text.

Physician email address: Click here to enter text.

GA Physician license number: Click here to enter text. **NPI number:** Click here to enter text.

Physician has experience in caring for clients with HIV? Yes No

Physician is an ordering physician for ADAP? Yes No

Complete this section for Initial Application:

- 1) Number of HIV patients managed in past 24 months: Click here to enter text.
- 2) PA's current Georgia Composite Medical Board (Board) approved job description (attach copy)
- 3) HIV-specific continuing education (HIV care, HIV prevention, HIV pharmaceuticals), at least 30 credits required within the past 24 months from Board approved programs, in minimum increments of at least 0.5 credits, including at least 3 credits in HIV pharmaceuticals (attach evidence of credits earned)
- 4) National HIV certification? (*not required*) Yes (attach copy) No

Complete this section for Renewal Application of current ADAP PA Provider:

- 1) Number of HIV patients managed in past 12 months: Click here to enter text.
 - 2) PA's current Board approved job description (attach copy if changed since last ADAP provider approval)
 - 3) HIV-specific continuing education (HIV care, HIV prevention, HIV pharmaceuticals) at least 15 credits required subsequent to last ADAP Provider's approval date from Board approved programs in minimum increments of at least 0.5 credits, including at least 1.5 credits in HIV pharmaceuticals. (attach evidence of credits earned)
 - 4) National HIV certification? (*not required*) Yes (attach copy) No
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Applicant's Signature: _____