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

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<th>Approval:</th>
<th>J. Patrick O'Neal, MD, Director of Health Protection</th>
<th>Date</th>
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<tr>
<th>Approval:</th>
<th>Jamie Howgate, Chief of Staff</th>
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1.0 PURPOSE

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

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

1.1.1 The Georgia Composite Medical Board Physician Assistant Rules Chapter 360-5 pursuant to Georgia Code, Title 43, Chapter 34, Article 4 and

1.1.2 The Rules of the Georgia State Board of Pharmacy Chapter 480-22-.12.

2.0 SCOPE

This policy applies to all Physician Assistants not employed by public health who wish to apply for or maintain ADAP provider status.

3.0 POLICY

The policy of the Department of Public Health is to provide the options and procedures for the 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, it will allow ADAP to expedite client access to HIV/AIDS medications.

4.0 DEFINITIONS

4.1 ADAP – Georgia AIDS Drug Assistance Program

4.2 PA – Physician Assistant
4.2.1 **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 personal direction or supervision of the supervising physician. O.C.G.A. § 43-34-102(7).

4.3 Physician means a person lawfully licensed in this state to practice medicine and surgery pursuant to Georgia Code Article 2, Chapter 34 of Title 43.

4.4 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).

4.5 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. O.C.G.A. § 43-34-102(4).

4.6 The Department refers to the "Georgia Department of Public Health."

5.0 **RESPONSIBILITIES**

PAs described herein must comply with:

5.1 The Rules of Board Chapter 360-5 pursuant to Georgia Code, Title 43, Chapter 34, Article 4.

5.2 All applicable state and federal laws, rules and regulations.

6.0 **PROCEDURES**

6.1 ADAP may only accept written prescriptions, applications, and recertification forms from PAs who have a current job description approved by the Board.

6.2 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.

6.3 The PA must demonstrate HIV experience (e.g., national HIV/AIDS certification, managed at least 20 HIV patients in the past 24 months, completed at least 30
6.4 The PA must submit to ADAP:

6.4.1 PA's name, title, and credentials, practice address, phone number, and email address

6.4.2 Primary supervising physician's name, credentials, practice address, phone number, and e-mail address

6.4.3 Supporting documentation of HIV experience

6.5 Documentation of HIV experience and training will be updated annually.

6.6 Delegating physicians should have experience in caring for clients with HIV/AIDS and be an ordering physician for ADAP. See the Georgia Department of Public Health, HIV Office Clinic Personnel Guidelines.

6.7 The Department will verify the PA's job description and licensure via the Board website (http://medicalboard.georgia.gov/) and review supporting documentation.

6.8 The Department will notify the PA and supervising physician of the PA's ADAP provider status within 30 days of reviewing the PA's current Board approved job description and supporting documentation.

6.9 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.

6.10 ADAP will maintain a list of PAs approved to submit applications/recertification forms and prescriptions for ADAP clients.

6.11 The PA must ensure that ADAP applications or recertification forms are thoroughly completed prior to submission to ADAP including signing and dating each form.

6.12 The supervising physician's name and phone number must be included on the ADAP application/recertification form.

6.13 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 http://www.aidsinfo.nih.gov/).

6.14 Prescription drug orders must be written on forms that comply with the Board Rules 360-5.12(3) pursuant to O.C.G.A. § 43-34-103 including be signed by the PA.
6.15 Prescription drug orders must be written for drugs on the ADAP Formulary.

6.16 In the case that the PA/supervising physician relationship is terminated, the PA or supervising physician must submit notification of termination in writing to ADAP within 10 working days of the date of termination of the job description.

6.17 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.

6.18 Criteria to deny PA ADAP provider status include failure of the PA to:

6.18.1 Have an active job description approved by the Board.

6.18.2 Submit required documentation to the Department.

6.18.3 Annually resubmit evidence of ongoing HIV experience and training.

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

6.18.5 Provide treatment in accordance to the US DHHS HIV-related guidelines.

6.19 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 interest of the public’s safety and/or welfare to permit the individual to serve.

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

7.0 REVISION HISTORY

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8.0 RELATED FORMS

None