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BUSINESS AND PROFESSIONS CODE - BPC

DIVISION 2. HEALING ARTS [500 - 4999.129] (*Division 2 enacted by Stats. 1937, Ch. 399.*)

CHAPTER 7.7. Physician Assistants [3500 - 3545] (*Heading of Chapter 7.7 amended by Stats. 1992, Ch. 427, Sec. 5.*)

ARTICLE 1. General Provisions [3500 - 3503.5] (*Article 1 added by Stats. 1975, Ch. 634.*)

3500. In its concern with the growing shortage and geographic maldistribution of health care services in California, the Legislature intends to establish in this chapter a framework for another category of health manpower—the physician assistant.

The purpose of this chapter is to encourage the effective utilization of the skills of physicians and surgeons, and physicians and surgeons and podiatrists practicing in the same medical group practice, by enabling them to work with qualified physician assistants to provide quality care.

This chapter is established to encourage the coordinated care between physician assistants, physicians and surgeons, podiatrists, and other qualified health care providers practicing in the same medical group, and to provide health care services. It is also the purpose of this chapter to allow for innovative development of programs for the education, training, and utilization of physician assistants.

(Amended by Stats. 2019, Ch. 707, Sec. 1. (SB 697) Effective January 1, 2020.)

3500.5. This chapter shall be known and cited as the Physician Assistant Practice Act.

(Amended by Stats. 1989, Ch. 1104, Sec. 1.9.)

3501. As used in this chapter:

- (a) "Board" means the Physician Assistant Board.
- (b) "Approved program" means a program for the education of physician assistants that has been formally approved by the board.
- (c) "Trainee" means a person who is currently enrolled in an approved program.
- (d) "Physician assistant" or "PA" means a person who meets the requirements of this chapter and is licensed by the board.
- (e) "Supervising physician" or "supervising physician and surgeon" means a physician and surgeon licensed by the Medical Board of California or by the Osteopathic Medical Board of California who supervises one or more physician assistants, who possesses a current valid license to practice medicine, and who is not currently on disciplinary probation prohibiting the employment or supervision of a physician assistant.
- (f) (1) "Supervision" means that a licensed physician and surgeon oversees the activities of, and accepts responsibility for, the medical services rendered by a physician assistant. Supervision, as defined in this subdivision, shall not be construed to require the physical presence of the physician and surgeon, but does require the following:
 - (A) Adherence to adequate supervision as agreed to in the practice agreement.
 - (B) The physician and surgeon being available by telephone or other electronic communication method at the time the PA examines the patient.
- (2) Nothing in this subdivision shall be construed as prohibiting the board from requiring the physical presence of a physician and surgeon as a term or condition of a PA's reinstatement, probation, or imposing discipline.
- (g) "Regulations" means the rules and regulations as set forth in Division 13.8 (commencing with Section 1399.500) of Title 16 of the California Code of Regulations.
- (h) "Routine visual screening" means noninvasive, nonpharmacological simple testing for visual acuity, visual field defects, color blindness, and depth perception.

(i) "Program manager" means the staff manager of the diversion program, as designated by the executive officer of the board. The program manager shall have background experience in dealing with substance abuse issues.

(j) "Organized health care system" includes a licensed clinic as described in Chapter 1 (commencing with Section 1200) of Division 2 of the Health and Safety Code, an outpatient setting as described in Chapter 1.3 (commencing with Section 1248) of Division 2 of the Health and Safety Code, a health facility as described in Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code, a county medical facility as described in Chapter 2.5 (commencing with Section 1440) of Division 2 of the Health and Safety Code, an accountable care organization, a home health agency, a physician's office, a professional medical corporation, a medical partnership, a medical foundation, and any other entity that lawfully provides medical services and is in compliance with Article 18 (commencing with Section 2400) of Chapter 5.

(k) "Practice agreement" means the writing, developed through collaboration among one or more physicians and surgeons and one or more physician assistants, that defines the medical services the physician assistant is authorized to perform pursuant to Section 3502 and that grants approval for physicians and surgeons on the staff of an organized health care system to supervise one or more physician assistants in the organized health care system. Any reference to a delegation of services agreement relating to physician assistants in any other law shall have the same meaning as a practice agreement.

(l) "Other specified medical services" means tests or examinations performed or ordered by a PA practicing in compliance with this chapter or regulations of the board or the Medical Board of California promulgated under this chapter.

(Amended by Stats. 2019, Ch. 707, Sec. 2. (SB 697) Effective January 1, 2020.)

3502. (a) Notwithstanding any other law, a PA may perform medical services as authorized by this chapter if the following requirements are met:

(1) The PA renders the services under the supervision of a licensed physician and surgeon who is not subject to a disciplinary condition imposed by the Medical Board of California or by the Osteopathic Medical Board of California prohibiting that supervision or prohibiting the employment of a physician assistant.

(2) The PA renders the services pursuant to a practice agreement that meets the requirements of Section 3502.3.

(3) The PA is competent to perform the services.

(4) The PA's education, training, and experience have prepared the PA to render the services.

(b) (1) Notwithstanding any other law, a physician assistant performing medical services under the supervision of a physician and surgeon may assist a doctor of podiatric medicine who is a partner, shareholder, or employee in the same medical group as the supervising physician and surgeon. A physician assistant who assists a doctor of podiatric medicine pursuant to this subdivision shall do so only according to patient-specific orders from a supervising physician and surgeon.

(2) A supervising physician and surgeon shall be available to the physician assistant for consultation when assistance is rendered pursuant to this subdivision. A physician assistant assisting a doctor of podiatric medicine shall be limited to performing those duties included within the scope of practice of a doctor of podiatric medicine.

(c) Nothing in regulations shall require that a physician and surgeon review or countersign a medical record of a patient treated by a physician assistant, unless required by the practice agreement. The board may, as a condition of probation or reinstatement of a licensee, require the review or countersignature of records of patients treated by a physician assistant for a specified duration.

(d) This chapter does not authorize the performance of medical services in any of the following areas:

(1) The determination of the refractive states of the human eye, or the fitting or adaptation of lenses or frames for the aid thereof.

(2) The prescribing or directing the use of, or using, any optical device in connection with ocular exercises, visual training, or orthoptics.

(3) The prescribing of contact lenses for, or the fitting or adaptation of contact lenses to, the human eye.

(4) The practice of dentistry or dental hygiene or the work of a dental auxiliary as defined in Chapter 4 (commencing with Section 1600).

(e) This section shall not be construed in a manner that shall preclude the performance of routine visual screening as defined in Section 3501.

(f) Notwithstanding any other law, a PA rendering services in a general acute care hospital as defined in Section 1250 of the Health and Safety Code shall be supervised by a physician and surgeon with privileges to practice in that hospital. Within a general acute

care hospital, the practice agreement shall establish policies and procedures to identify a physician and surgeon who is supervising the PA.

(Amended by Stats. 2019, Ch. 707, Sec. 3. (SB 697) Effective January 1, 2020.)

3502.1. In addition to the medical services authorized in the regulations adopted pursuant to Section 3502, and except as prohibited by Section 3502, a PA may furnish or order a drug or device subject to all of the following:

(a) The PA shall furnish or order a drug or device in accordance with the practice agreement and consistent with the PA's educational preparation or for which clinical competency has been established and maintained.

(b) (1) A practice agreement authorizing a PA to order or furnish a drug or device shall specify which PA or PAs may furnish or order a drug or device, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the PA's competence, including peer review, and review of the practice agreement.

(2) In addition to the requirements in paragraph (1), if the practice agreement authorizes the PA to furnish a Schedule II controlled substance, the practice agreement shall address the diagnosis of the illness, injury, or condition for which the PA may furnish the Schedule II controlled substance.

(c) The PA shall furnish or order drugs or devices under physician and surgeon supervision. This subdivision shall not be construed to require the physical presence of the physician and surgeon, but does require the following:

(1) Adherence to adequate supervision as agreed to in the practice agreement.

(2) The physician and surgeon be available by telephone or other electronic communication method at the time the PA examines the patient.

(d) (1) Except as provided in paragraph (2), the PA may furnish or order only those Schedule II through Schedule V controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) that have been agreed upon in the practice agreement.

(2) The PA may furnish or order Schedule II or III controlled substances, as defined in Sections 11055 and 11056, respectively, of the Health and Safety Code, in accordance with the practice agreement or a patient-specific order approved by the treating or supervising physician and surgeon.

(e) (1) The PA has satisfactorily completed a course in pharmacology covering the drugs or devices to be furnished or ordered under this section or has completed a program for instruction of PAs that meet the requirements of Section 1399.530 of Title 16 of the California Code of Regulations, as that provision read on June 7, 2019.

(2) A physician and surgeon through a practice agreement may determine the extent of supervision necessary pursuant to this section in the furnishing or ordering of drugs and devices.

(3) PAs who hold an active license, who are authorized through a practice agreement to furnish Schedule II controlled substances, and who are registered with the United States Drug Enforcement Administration, and who have not successfully completed a one-time course in compliance with Sections 1399.610 and 1399.612 of Title 16 of the California Code of Regulations, as those provisions read on June 7, 2019, shall complete, as part of their continuing education requirements, a course that covers Schedule II controlled substances, and the risks of addiction associated with their use, based on the standards developed by the board. The board shall establish the requirements for satisfactory completion of this subdivision. Evidence of completion of a course meeting the standards, including pharmacological content, established in Sections 1399.610 and 1399.612 of Title 16 of the California Code of Regulations, as those provisions read on June 7, 2019, shall be deemed to meet the requirements of this section.

(f) For purposes of this section:

(1) "Furnishing" or "ordering" shall include the following:

(A) Ordering a drug or device in accordance with the practice agreement.

(B) Transmitting an order of a supervising physician and surgeon.

(C) Dispensing a medication pursuant to Section 4170.

(2) "Drug order" or "order" means an order for medication that is dispensed to or for an ultimate user, issued by a PA as an individual practitioner, within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations.

(g) Notwithstanding any other law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription of a supervising physician; (2) all references to "prescription" in this code and the Health and Safety Code shall include drug orders issued by physician assistants; and (3) the signature of a PA on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

(Amended by Stats. 2019, Ch. 707, Sec. 4. (SB 697) Effective January 1, 2020.)

3502.1.5. This chapter or any other provision of law shall not be construed to prohibit a physician assistant from administering or providing buprenorphine to a patient, or transmitting orally, or in writing on a patient's record or in a drug order, an order to a person who may lawfully furnish buprenorphine when done in compliance with the provisions of the Comprehensive Addiction Recovery Act (Public Law 114-198), as enacted on July 22, 2016, including the following:

(a) The requirement that the physician assistant complete not fewer than 24 hours of initial training provided by an organization listed in sub-subclause (aa) of subclause (II) of clause (iv) of subparagraph (G) of paragraph (2) of subdivision (g) of Section 823 of Title 21 of the United States Code, or any other organization that the United States Secretary of Health and Human Services determines is appropriate for the purposes of that sub-subclause, that addresses the following:

- (1) Opioid maintenance and detoxification.
- (2) Appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of opioid use disorder.
- (3) Initial and periodic patient assessments, including substance use monitoring.
- (4) Individualized treatment planning, overdose reversal, and relapse prevention.
- (5) Counseling and recovery support services.
- (6) Staffing roles and considerations.
- (7) Diversion control.
- (8) Other best practices, as identified by the United States Secretary of Health and Human Services.

(b) The alternative requirement that the physician assistant have other training or experience that the United States Secretary of Health and Human Services determines will demonstrate the ability of the physician assistant to treat and manage opiate-dependent patients.

(c) The requirement that the physician assistant be supervised by, or work in collaboration with, a licensed physician and surgeon.

(Amended by Stats. 2018, Ch. 92, Sec. 2. (SB 1289) Effective January 1, 2019.)

3502.2. Notwithstanding any other provision of law, a physician assistant may perform the physical examination and any other specified medical services that are required pursuant to Section 2881 of the Public Utilities Code and Sections 44336, 49406, 49423, 49455, 87408, 87408.5, and 87408.6 of the Education Code, practicing in compliance with this chapter, and may sign and attest to any certificate, card, form, or other documentation evidencing the examination or other specified medical services.

(Added by Stats. 2010, Ch. 512, Sec. 2. (SB 1069) Effective January 1, 2011.)

3502.3. (a) (1) A practice agreement shall include provisions that address the following:

- (A) The types of medical services a physician assistant is authorized to perform.
- (B) Policies and procedures to ensure adequate supervision of the physician assistant, including, but not limited to, appropriate communication, availability, consultations, and referrals between a physician and surgeon and the physician assistant in the provision of medical services.
- (C) The methods for the continuing evaluation of the competency and qualifications of the physician assistant.
- (D) The furnishing or ordering of drugs or devices by a physician assistant pursuant to Section 3502.1.
- (E) Any additional provisions agreed to by the physician assistant and physician and surgeon.

(2) A practice agreement shall be signed by both of the following:

(A) The physician assistant.

(B) One or more physicians and surgeons or a physician and surgeon who is authorized to approve the practice agreement on behalf of the staff of the physicians and surgeons on the staff of an organized health care system.

(3) A delegation of services agreement in effect prior to January 1, 2020, shall be deemed to meet the requirements of this subdivision.

(4) A practice agreement may designate a PA as an agent of a supervising physician and surgeon.

(5) Nothing in this section shall be construed to require approval of a practice agreement by the board.

(b) Notwithstanding any other law, in addition to any other practices that meet the general criteria set forth in this chapter or regulations adopted by the board or the Medical Board of California, a practice agreement may authorize a PA to do any of the following:

(1) Order durable medical equipment, subject to any limitations set forth in Section 3502 or the practice agreement.

Notwithstanding that authority, nothing in this paragraph shall operate to limit the ability of a third-party payer to require prior approval.

(2) For individuals receiving home health services or personal care services, after consultation with a supervising physician and surgeon, approve, sign, modify, or add to a plan of treatment or plan of care.

(3) After performance of a physical examination by the PA under the supervision of a physician and surgeon consistent with this chapter, certify disability pursuant to Section 2708 of the Unemployment Insurance Code. The Employment Development Department shall implement this paragraph on or before January 1, 2017.

(c) This section shall not be construed to affect the validity of any practice agreement in effect prior to the effective date of this section or those adopted subsequent to the effective date of this section.

(Amended by Stats. 2019, Ch. 707, Sec. 5. (SB 697) Effective January 1, 2020.)

3502.4. (a) In order to receive authority from the physician assistant's supervising physician and surgeon to perform an abortion by aspiration techniques pursuant to Section 2253, a physician assistant shall achieve clinical competency by successfully completing requisite training in performing these procedures. The requisite training shall include a clinical and didactic component and be provided by any of the following:

(1) Training programs approved by the board pursuant to Section 3513.

(2) Training to perform medical services that augment the physician assistant's current areas of competency pursuant to Section 1399.543 of Title 16 of the California Code of Regulations.

(3) A course offered by a state or national health care professional or accreditation organization.

(4) Training based on the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 171 through the Office of Statewide Health Planning and Development, now known as the Department of Health Care Access and Information.

(5) Training and evaluation of clinical competency, performed at a clinic or hospital, on performing abortion by aspiration techniques that is provided by any of the following who have performed the procedure themselves:

(A) A physician and surgeon.

(B) A nurse practitioner or certified nurse midwife authorized to perform abortion by aspiration techniques pursuant to Section 2725.4.

(C) A physician assistant authorized to perform abortion by aspiration techniques pursuant to this section.

(b) A physician assistant who has completed training and achieved clinical competency, as required by this section, and is functioning pursuant to Section 3502 shall be authorized to perform abortions by aspiration techniques pursuant to Section 2253 without the personal presence of a supervising physician and surgeon unless specified by their practice agreement.

(c) A physician assistant shall practice abortion by aspiration techniques pursuant to Section 2253 consistent with applicable standards of care, within the scope of their clinical and professional education and training, and pursuant to their practice agreement.

(d) It is unprofessional conduct for any physician assistant to perform an abortion by aspiration techniques pursuant to Section 2253 without prior completion of training and validation of clinical competency.

(e) A person authorized to perform abortion by aspiration techniques described in paragraph (5) of subdivision (a) shall not be punished, held liable for damages in a civil action, or denied any right or privilege for any action relating to the evaluation of clinical competency of a physician assistant pursuant to paragraph (5) of subdivision (a).

(f) This section shall not be interpreted to authorize a person with a license or certificate to practice as a physician assistant to perform abortion by aspiration techniques after the first trimester of pregnancy.

(g) For purposes of this section, exclusively online or simulation-based training programs that do not include mandatory clinical hours involving direct patient care shall not meet the clinical training requirements in subdivision (a).

(Amended by Stats. 2023, Ch. 178, Sec. 1. (SB 385) Effective January 1, 2024.)

3502.5. Notwithstanding any other provision of law, a physician assistant may perform those medical services permitted pursuant to Section 3502 during any state of war emergency, state of emergency, or state of local emergency, as defined in Section 8558 of the Government Code, and at the request of a responsible federal, state, or local official or agency, or pursuant to the terms of a mutual aid operation plan established and approved pursuant to the California Emergency Services Act (Chapter 7 (commencing with Section 8550) of Division 1 of Title 2 of the Government Code), regardless of whether the physician assistant's approved supervising physician is available to supervise the physician assistant, so long as a licensed physician is available to render the appropriate supervision. "Appropriate supervision" shall not require the personal or electronic availability of a supervising physician if that availability is not possible or practical due to the emergency. The local health officers and their designees may act as supervising physicians during emergencies without being subject to approval by the Medical Board of California. At all times, the local health officers or their designees supervising the physician assistants shall be licensed physicians and surgeons. Supervising physicians acting pursuant to this section shall not be subject to the limitation on the number of physician assistants supervised under Section 3516.

No responsible official or mutual aid operation plan shall invoke this section except in the case of an emergency that endangers the health of individuals. Under no circumstances shall this section be invoked as the result of a labor dispute or other dispute concerning collective bargaining.

(Amended by Stats. 2012, Ch. 332, Sec. 30. (SB 1236) Effective January 1, 2013.)

3503. No person other than one who has been licensed to practice as a physician assistant shall practice as a physician assistant or in a similar capacity to a physician and surgeon or podiatrist or hold themselves out as a "physician assistant," or shall use any other term indicating or implying that they are a physician assistant.

(Amended by Stats. 2024, Ch. 497, Sec. 17. (SB 1526) Effective January 1, 2025.)

3503.5. (a) A person licensed under this chapter who in good faith renders emergency care at the scene of an emergency that occurs outside both the place and course of that person's employment shall not be liable for any civil damage as a result of any acts or omissions by that person in rendering the emergency care.

(b) This section shall not be construed to grant immunity from civil damages to any person whose conduct in rendering emergency care is grossly negligent.

(c) In addition to the immunity specified in subdivision (a), the provisions of Article 17 (commencing with Section 2395) of Chapter 5 shall apply to a person licensed under this chapter when acting pursuant to delegated authority from an approved supervising physician.

(Added by Stats. 1998, Ch. 736, Sec. 26. Effective January 1, 1999.)