PARTNERSHIP HEALTHPLAN OF CALIFORNIA

GUIDELINE / PROCEDURE

<table>
<tr><td colspan="4">Policy/Procedure Number: MPQG1011</td><td colspan="3">Lead Department: Health Services</td></tr>
<tr><td colspan="4">Policy/Procedure Title: Non-Physician Medical Practitioners & Medical Assistants Practice Guidelines</td><td colspan="3">☒ External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 10/31/1994</td><td colspan="4">Next Review Date: 01/08/2026
Last Review Date: 01/08/2025</td></tr>
<tr><td>Applies to:</td><td colspan="3">☒ Medi-Cal</td><td colspan="3">☐ Employees</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td colspan="2">☐ P & T</td><td colspan="2">☒ QUAC</td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td colspan="2">☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td>☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td colspan="2">☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☒ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td colspan="2">☐ CREDENTIALING</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Robert L. Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 01/08/2025</td></tr>
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I. RELATED POLICIES:

A. MPQP1022 – Site Review Requirements and Guidelines
B. MPCR301 – Non-Physician Medical Practitioner Credentialing Criteria & Non-Physician Medical Practitioner Re-Credentialing Criteria

II. IMPACTED DEPTS.:

A. Provider Relations
B. Health Services

III. DEFINITIONS:

A. Non-Physician Medical Practitioners (NPMP) are defined as nurse practitioners, physician assistants (PA), certified nurse midwives (CNM) and licensed midwives (LM).
B. Nurse Practitioner (NP), by definition, shall be currently licensed as a registered nurse in California and be currently certified by a licensed Nurse Practitioner Program, which has met the requirements set forth and described in Title 16, Section H84 of the California Administrative Code.
C. Physician Assistant (PA) shall be currently licensed by the Physician Assistant Examining Committee/Medical Board of California.
D. Midwifery practice is the independent, comprehensive management of birthing individuals' health care in a variety of settings focusing particularly on pregnancy, childbirth, and the postpartum period.
    1. A Certified Nurse Midwife (CNM) is licensed by the California Board of Registered Nursing. CNMs are registered nurses who acquired additional training in the field of obstetrics and are certified by the American College of Nurse Midwives (ACNM).
    2. A Licensed Midwife (LM) in an individual issued a license to practice midwifery by the Medical Board of California to attend cases of normal pregnancy and childbirth, and to provide prenatal, intrapartum and postpartum care, including family-planning care and immediate care (first 6 weeks) for the newborn.
E. Medical Assistants (MAs) are unlicensed persons who have received certificates indicating satisfactory completion of training requirements specified in Chapter 13, Title 16 of the California Code of Regulations.
F. "Protocols" refers to protocols that meet the requirements of the Physician Assistant Practice Act and Regulations of the Physician Assistant Examining Committee for Physician Assistants and standardized procedures for Nurse Practitioners and Certified Nurse Midwives.

IV. ATTACHMENTS:

A. Sample Non-Physician Medical Practitioners Agreement

Policy/Procedure Number: MPQG1011		Lead Department: Health Services
Policy/Procedure Title: Non-Physician Medical Practitioners & Medical Assistants Practice Guidelines		☒**External Policy** ☐**Internal Policy**
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Applies to:	☒ **Medi-Cal**	☐ **Employees**

V. PURPOSE:

To outline general guidelines describing the nature and scope of practice for non-physician medical practitioners (NPMP) and medical assistants.

VI. GUIDELINE / PROCEDURE:

A. Credentialing: See Provider Relation Policies MPCR301: Non-Physician Medical Practitioner Credentialing Criteria & Non-Physician Medical Practitioner Re-Credentialing Requirements

B. Supervision:

1. When required by state regulations, NPMP clinicians must practice under the supervision of a licensed physician, either directly, or using medical policies, procedures or agreements (e.g., protocols) established by the physician according to the category of the NPMP.
    a. Physicians may only supervise NPMPs practicing in the same medical field or specialty in which the supervising physician is trained to practice, as credentialed by Partnership HealthPlan of California.
    b. Any California-licensed physician except those who are expressly prohibited by the Medical Board from supervising a NPMP may supervise a NPMP.
2. Written standardized procedures or practice agreements, depending on the requirements for the category of NPMP being supervised, must be developed and maintained and agreed upon by the supervising physician and NPMP.
    a. These documents must be available for review at the time of site reviews performed by Partnership HealthPlan of California (Partnership) Department of Health Care Services (DHCS) certified reviewers.
    b. These documents define the scope of services provided by NPMPs and Supervisory Guidelines that define the method of supervision by the supervising physician.
3. Review and co-signing of medical records involving care provided by the NPMP, while not required by law, will be completed by the supervising physician within the time frame and frequency dictated by practice protocols and agreements.
4. The supervising physician must be available for consultation with the NPMP clinician at all times when the NPMP is providing services, either by physical presence or by electronic communication.
    a. Partnership will review compliance with this standard during site reviews.
5. An individual supervising physician may not supervise or oversee greater than the following full time equivalent NPMP ratios (each):
    a. Four (4) Nurse Practitioners (with furnishing licenses.)
        i. There is no limit on supervising NPs without furnishing licenses.
    b. Four (4) Physician Assistants
6. NPMP may participate in the after-hours call network, provided the supervising physician is available for consultation at all times that the NPMP is on call.

C. Scope of Practice:

1. Each physician and/or contracting medical group/affiliate will define the scope of practice for each NPMP working in the practice. The scope of practice may vary depending on the skills of the individual clinician, but in all cases shall comply with applicable State laws. Practitioners may substitute their protocols for scope of practice for the NPMP. These protocols must be made available to Partnership for review and approval when requested to ensure they meet Partnership and community standards.
2. Online or physical reference texts, or parts thereof, may be maintained by the practice and adapted for use as protocols by the physician and NPMP to be followed for each type of medical problem that might be encountered. Online protocols may also be used, but should be specified in office documentation of protocols. The supervising physician will determine and specify in writing, as required by protocols, which references, or parts thereof, are to be used by the NPMP.

3. Physician consultation should be obtained as soon as possible for conditions defined as requiring immediate physician consultation or as defined in the protocols.
4. For new NPs/PAs, for at least 6 months, consultation is recommended for specialty referral and ordering diagnostic procedures requiring a Treatment Authorization Request (TAR). The supervising physician may sign off on the accuracy and appropriateness of straightforward specialty referrals and diagnostic procedures submitted by a NPMP, such that they can order these without consultation.
5. Whenever necessary, the NPMP shall perform emergency care necessary to sustain life applying current standards of care. This includes, but is not limited to, basic first aid, establishment and maintenance of the airway, CPR, and administration of oxygen and emergency medications. Physician consultation shall be obtained as soon as possible and the NPMP shall comply with any applicable backup emergency procedures specified by protocols and professional scope of practice. The local Emergency Medical Services system shall be activated (i.e., ensure someone has called 911) when indicated.
6. The supervising physician may authorize and approve the NPMP to perform certain outpatient procedures without physician consultation, consistent with the NPMP's education, training and legal scope of practice.
7. The supervising physician may authorize the NPMP to diagnose and treat common medical problems according to accepted criteria and management as per the references utilized in the practice.
8. Inpatient Care: Consultation is required for referral for non-emergency hospitalization. NPMPs who have been granted hospital privileges may perform procedures consistent with their education, training and legal scope of practice for which they have been granted hospital privileges.

D. Physician/Clinician Agreement:
   1. Each physician/NPMP clinician team will sign an agreement stating that the NPMP will follow the protocols developed for practice by the supervising physician and in accordance with State laws governing the appropriate discipline, and based on the skills and area of specialty of each clinician. This agreement will be kept on file and will be available for review by Partnership upon request. A sample agreement is attached. (See Attachment A)

E. Prescribing:
   1. The NPMP may furnish drugs and devices in accordance with Federal or State law, whichever is more restrictive.

F. Certified Nurse Midwife (CNM) and Licensed Midwife (LM) Guidelines:
   1. In California, CNMs have been allowed to practice without physician supervision since January, 2021; Licensed Midwives have been allowed to practice independently since 2013.
      a. CNMs and LMs may practice independently for low-risk pregnancies and births, prenatal, intrapartum, and postpartum care, family planning care, and immediate care of the newborn. At all times, nurse midwives are expected to practice under the standards used by the American Midwifery Certification Board (AMCB), which credentials midwives.
      b. CNMs and LMs also may care for patients who have higher risks if they have formal written collaboration and procedures with a physician obstetrician.
      c. CNMs and LMs who practice in out-of-hospital settings must report data on their birth outcomes.
   2. During the course of care, the midwife will consult with a physician when deviations from normal arise. If a condition requires frequent and/or continuing management by a physician, but certain aspects of care remain within the scope of midwifery management, a situation of collaborative management exists. Under collaborative management, all patients will be followed by both the physician and the midwife. The midwife may institute those midwifery protocols that do not conflict with the aspect of care under the physician's management. Thus, collaborative management

requires careful communication between the midwife and the physician, who assumes responsibility for overall provision of the patient's care.

3. When a patient develops a condition, which requires management by a physician, the patient's care must be transferred to a physician for management of antepartum, intrapartum, and/or postpartum care. When a complication develops during the intrapartum period, a transfer order then should be communicated directly to the obstetrician through the nurse in charge of the labor and delivery area. The nurse midwife may continue to provide supportive care.
4. If a collaborative agreement is in place (F.1.b above), the collaborating physician will be licensed in the State of California and will provide consultation when needed or requested by the midwife.
    a. The collaborating physician will assume active intrapartum management or co-management of those patients whose conditions are beyond the scope of midwifery practice.
    b. The collaborating physician will provide coverage when the midwife is unavailable.
    c. Consultation by the collaborating physician must be available at all times, either by physical presence or electronic communication.

G. Physician Assistant Guidelines:
1. Physician Assistants must practice under the supervision of a physician according to a "Practice Agreement".
2. When authorized to do so by the supervising physician, the physician assistant may perform patient-related activities within the scope of practice defined by Title 16 and in accordance with applicable Federal and State laws.
3. The physician assistant may provide medical care that is either based upon direct consultation with the physician or contained within written protocols approved by the supervising physician.
4. The physician assistant will seek physician consultation as soon as possible for the following situations, and any others perceived as appropriate:
    a. Any conditions which have failed to respond to appropriate management or any unusual symptom
    b. Unexplained physical finding
    c. Potentially serious or life threatening condition where prompt initiation of appropriate care has a substantial impact on outcome
    d. All emergencies arising after initial patient stabilization
    e. Any patient who desires physician consultation
    f. Before performing any invasive procedures, other than those outlined and agreed upon in established protocols.
5. The supervising physician shall be a physician licensed by the State of California.
    a. Nothing in regulations requires that a physician review or countersign a medical record of a patient treated by a physician assistant, unless required by the Practice Agreement. The supervising physician will adhere to any such Practice Agreement requirements.
    b. The physician assistant will be responsible to communicate with the supervising physician regarding patient management and seek assistance or additional instructions in patient management as deemed necessary by the physician assistant, including unusual or non-routine cases.
    c. The supervising physician will be available for consultation or assistance at all times, either by physical presence or by electronic communications.
6. A supervising physician shall not supervise more than four physician assistants at any one time. Per the Medical Board of California, the supervising physician is responsible for all medical services provided by the PA under their supervision and for following each patient's progress.

H. Nurse Practitioner Guidelines:
1. In California, Nurse Practitioners are currently required to practice under the supervision of a

physician.

a. Assembly Bill 890 was signed into law and became effective January 1, 2023. This law authorizes Nurse Practitioners who meet certain education, experience and certification requirements to perform specified functions without standardized procedures, including ordering, performing, and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and furnishing controlled substances.
b. This creates two categories of NPs
   1) A "103 NP" - Works under the provisions outlined in Business and Profession Code Section 2837.103. This NP works in a group setting with at least one physician and surgeon within the population focus of their National Certification
   2) A "104 NP"- works under the provisions outlined in Business and Professions Code Section 2837.104. This NP may work independently within the population focus of their National Certification.
c. Assembly Bill 890 requires an NP to first work as a 103 NP in good standing for at least 3 years prior to becoming a 104 NP. Consequently, the Board is only able to certify 103 NPs at this time and will not be able to certify 104 NPs until 2026.

2. When authorized to do so by the supervising physician, the nurse practitioner may perform the patient-related activities within the scope of practice defined by Title 16 and applicable Federal and State laws.
3. The nurse practitioner may provide medical care which is either based upon direct consultation with the physician or contained within written medical policies and procedures (e.g., protocols) adapted by the supervising physician. The policies and procedures must be reviewed and approved by the supervising physician.
4. The nurse practitioner will seek physician consultation as soon as possible for the following situations, and any others perceived as appropriate:
   a. Any conditions which have failed to respond to appropriate management or any unusual symptom
   b. Unexplained physical finding
   c. Potentially serious or life threatening condition where prompt initiation of appropriate care has a substantial impact on outcome
   d. All emergencies after initial patient stabilization.
   e. Any patient who desires physician consultation
   f. Before performing any invasive procedures, other than those outlined and agreed upon in established protocols.
5. The supervising physician shall be a physician licensed by the State of California.
   a. The Nursing Practice Act (NPA) does not require physician countersignature of nurse practitioner charts. However, other statutes or regulations, such as those for third party reimbursement, may require the physician countersignature. Additionally, some malpractice insurance carriers require physicians to sign NP charts as a condition of participation. Standardized procedures may require physicians to countersign charts.
   b. The nurse practitioner will be responsible to communicate with the supervising physician regarding patient management and seek assistance or additional instructions in patient management as deemed necessary by the nurse practitioner including in unusual or non-routine cases.
   c. The supervising physician will be available for consultation or assistance at all times, either by physical presence or by electronic communications.
   d. A supervising physician shall not supervise more than four nurse practitioners with furnishing licenses at any one time. There is no limit to the number of supervised nurse practitioners without furnishing licenses.

i. A physician may be held liable for the care provided by a nurse practitioner under the physician's supervision.

I. Medical Assistant Guidelines:

1. In agreement with Title 16, CCR, Section 1366, a medical assistant may perform technical supportive services such as those specified in section IX.B. provided that all of the following conditions are met:
   a. The service is a usual and customary part of the medical practice where the medical assistant is employed.
   b. The supervising physician authorized the medical assistant to perform the service and assumed responsibility for the patient's treatment and care.
   c. The medical assistant has completed training in the services described in section III.E. and has demonstrated competence in the performance of the service, as ascertained by the supervising physician.
   d. Each technical supportive service performed by the medical assistant is documented in the patient's medical record, indicating the name, date and time, a description of the service performed, and the name of the physician who gave the medical assistant patient-specific authorization to perform the task or who authorized the task under a patient-specific standing order.
2. A medical assistant, in accord with the provisions in section IX.A, performs technical supportive services such as the following:
   a. Administer medication orally, sublingually, topically, vaginally or rectally, or by providing a single dose to a patient for immediate self-administration. A medical assistant may administer medication by inhalation if the medications are patient-specific and have been or will be routinely and repetitively administered to that patient. In every instance, prior to administration of medication by the medical assistant, a licensed physician or other person authorized by law to do so shall verify the correct medication and dosage. No anesthetic agent may be administered by a medical assistant.
   b. Perform electrocardiogram, electroencephalogram, or plethysmography tests, except full-body plethysmography. The medical assistant may not perform tests involving the penetration of human tissues, except for skin tests. The medical assistant may not interpret test findings or results.
   c. Apply and remove bandages and dressings; apply orthopedic appliances such as knee immobilizers, orthotics, and similar devices; remove casts, splints and other external devices; obtain impressions for orthotics and custom molded shoes; select and adjust crutches for the patient and instruct the patient in proper use of crutches.
   d. Perform automated visual field testing, tonometry, or other simple or automated ophthalmic testing not requiring interpretation in order to obtain test results.
   e. Remove sutures or staples from superficial incisions or lacerations.
   f. Perform ear lavage to remove impacted cerumen.
   g. Collect specimens for lab testing by utilizing non-invasive techniques, including urine, sputum, semen and stool.
   h. Draw blood for laboratory testing with proper phlebotomy training and certification.
   i. Administer injectable medications and vaccines with proper training, provided each dose of any medication or vaccine to be given is visually verified as appropriate by an authorized and licensed medical provider or nurse prior to administration.
   j. Assist patients with ambulation and transfers.
   k. Prepare patients for and assist the physician, physician assistant or registered nurse in examinations or procedures including positioning, draping, shaving and disinfecting treatment sites.

l. As authorized by the supervising physician, provide patient information and instruction.
m. Collect and record patient data including height, weight, temperature, pulse, respiration rate and blood pressure, and basic information about the presenting and previous conditions.
n. Perform simple laboratory and screening tests customarily performed in a medical office.
o. Cut the nails of otherwise healthy patients.
p. Administer first aid or cardiopulmonary resuscitation in an emergency.
q. A medical assistant may also fit prescription lenses or use any optical device in connection with ocular exercises, visual training, vision training, or orthoptics.

J. Patient Choice:
1. The patient must be informed that the provider is a NPMP, and be granted the opportunity to see a physician if they choose.

K. Monitoring Compliance:
1. Partnership monitors compliance with this policy through the Site Review. A Corrective Action Plan (CAP) may be required when deficiencies are identified and any uncorrected deficiencies may be reported to the Chief Medical Officer, Provider Relations department and Credentialing Committee for further action.

VII. REFERENCES:

A. California Senate Bill 697 (Caballero. Chapter 707, Statutes of 2018), effective date January 1, 2020 – Physician assistants: practice agreement: supervision.- amending Sections 3500, 3501, 3502, 3502.1, 3502.3, 3509, 3516, 3518, 3527, and 3528 of, and to repeal Sections 3516.5, 3521, and 3522 of, the Business and Professions Code, relating to healing arts.
https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB697

B. California Assembly Bill 890 (Wood, Chapter 265, Statutes of 2020) Approved September 29, 2020. Nurse practitioners: scope of practice: practice without standarized procedures. - amending Sections 650.01, 805, and 805.5 of, and to add Article 8.5 (commencing with Section 2837.100) to Chapter 6 of Division 2 of, the Business and Professions Code, relating to healing arts.
https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB890

C. California Assembly Bill 1308 (Bonilla, Chapter 665, Statutes of 2013) Chaptered October 10, 2013. Midwifery– amending Sections 2507, 2508, 2513, 2516, and 2519 of, and to add Section 2510 to, the Business and Professions Code, and to amend Section 1204.3 of the Health and Safety Code, relating to professions and vocations. https://legiscan.com/CA/text/AB1308/2013

D. California Senate Bill 1237 (Dodd, Chapter 88 Statutes of 2020) Approved September 18, 2020 – Nurse-midwives: scope of practice- amending Sections 650.01, 2746.2, 2746.5, 2746.51, and 2746.52 of, and to add Sections 2746.54 and 2746.55 to, the Business and Professions Code, and to amend Sections 102415, 102426, and 102430 of the Health and Safety Code, relating to healing arts.
https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB1237

E. Medical Board of California website - Information pertaining to the practice of midwifery.
https://www.mbc.ca.gov/Licensing/Licensed-Midwives/Practice-Information/#:~:text=The%20law%20provides%20that%3A,immediate%20care%20for%20the%20newborn.

F. Medical Board of California website – Frequently Asked Questions – Physician Assistants
https://www.mbc.ca.gov/FAQs/?cat=Licensees&topic=Physician%20Assistants

G. University of California San Francisco. Sacramento Midwifery website. Scope of Practice. https://sacramentomidwifery.ucsf.edu/scope-practice#:~:text=Nurse%20Midwives%20in%20California%20have,immediate%20care%20of%20the%20newborn.

California Board of Registered Nursing website. Nursing Practice Act. https://rn.ca.gov/practice/npa.shtml#:~:text=The%20Nursing%20Practice%20Act%20(NPA,Code%20starting%20with%20Section%202700 .

VIII. DISTRIBUTION:

A. Partnership Department Directors
B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Medical Officer

X. REVISION DATES:

Medi-Cal
10/14/95; 05/17/00; 08/15/01; 09/18/02; 10/20/04; 04/20/05; 04/19/06; 06/20/07; 07/16/08; 07/15/09; 09/15/10; 01/16/13; 01/15/14; 01/21/15; 08/17/16; 08/16/17; *08/08/18; 09/11/19; 10/14/20; 10/13/21; 10/12/22; 01/10/24; 01/08/25

*Through 2017, Approval Date reflective of the Quality Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO:

Partnership*Advantage*:
MPQG1011 - 06/20/2007 to 01/01/2015

Healthy Families:
MPQG1011 - 10/01/2010 to 03/01/2013

Healthy Kids (Program ended 12/01/2016)
06/20/07, 07/16/08, 07/15/09, 09/15/10, 01/16/13, 01/15/14, 01/21/15, 08/17/16 to 12/01/16