THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

HEALTH AFFAIRS

JAN 15 2004

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)

SUBJECT: Waivers of Licensure Requirement for Qualified Military Physician Assistants

Section 1094 of title 10, United States Code, requires independently practicing health care professionals in the Military Health System (MHS) to be licensed, unless the requirement is waived due to unusual circumstances. Consistent with this, Department of Defense (DoD) Directive 6025.13, "Clinical Quality Management Program in the Military Health Services System," July 20, 1995, paragraph 4.1.4.1., requires that "healthcare practitioners shall possess and maintain a current, valid, unrestricted license or other authorizing document...before practicing within the defined scope of practice for like specialties." The definition of "healthcare practitioner" includes physician assistants (PAs).

In the case of military PAs, it has been convention within DoD to accept successful passage of the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants as the appropriate authorizing document. However, civilian physician assistants are either licensed, certified or registered by all state licensing boards. One problematic issue in securing such authorizing documents is that state licensing boards require that the PA's supervising physician be licensed in the same state as the PA. All 50 state licensing boards and the District of Columbia were asked whether they would issue a license, certification or registration to a military physician assistant if the supervising physician possessed a current, valid, unrestricted license from another state. Of the twenty-five respondents, only one said yes. It is obvious that the physician-PA supervisory relationship inherent in the MHS lacks the "same state of licensure" attribute prevailing among State PA licensure boards.

Given these unusual circumstances, I am exercising my authority to waive the license requirement for PAs who are determined to meet the attached criteria. Since these are the identical criteria reviewed to determine if privileges are initially granted or renewed, any PA who has been granted privileges within the MHS by an authorized privileging authority will be automatically granted a waiver. The waiver will be documented in the Centralized Credentials & Quality Assurance System (CCQAS), with

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the date of the waiver reflecting the date that privileges were granted. At the time of privilege renewal, the criteria will be reviewed again. If the criteria are not met, the waiver lapses, the request for renewal of privileges is withdrawn, and the individual must practice under a plan of supervision until such time as the criteria can be met. If the criteria are met, the waiver should automatically renew. If privileges are then renewed by the privileging authority, the waiver in CCQAS will be updated to reflect the date of the approved privileges. If for any reason the privileges are not approved by the privileging authority, the waiver shall lapse, and the appropriate procedures for an adverse privileging action will be initiated. A PA will provide care under a formal plan of supervision unless he or she possesses both a waiver and clinical privileges. Monitoring for compliance with this process will be via the standard unlicensed provider report in CCQAS. This waiver is applicable to any MHS PA who is a member of a uniformed service (active or reserve), a civilian employee, a personal services contractor, or an authorized volunteer. It is not applicable to non-personal services contract personnel.

My point of contact is COL John Powers, Program Director of Quality and GME who may be reached by phone at 703-681-1703 x5215, fax 703-681-3655, or email at John.Powers@ha.osd.mil.

William Winkenwerder, Jr., MD

Attachment:
As stated

Waiver Criteria for Qualified Military Health System Physician Assistants (includes Reserve Component PAs)

1. Has successfully completed an educational program for physician assistants accredited by the Accreditation Review Commission on Education for the Physician Assistant or, prior to 2001, by either the Committee on Allied Health Education and Accreditation, the Commission on Accreditation of Allied Health Education Programs;

2. Has passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants;

3. Has accumulated 100 approved hours of Continuing Medical Education every two years (after initial certification);

4. Achieves recertification with the National Commission on Certification of Physician Assistants every six years (after initial certification).