

# Legal Wrangling and Medical Responsibility

## The changing role of physician assistants in Wyoming

BY KEVIN BOHNENBLUST, JD

Executive Director, Wyoming Board of Medicine



With the passage of Senate File 33 by the 2021 Wyoming Legislature, practice by physician assistants took another big step forward in Wyoming. The profession has come a long way in 50 years, and the evolution has taken an interesting, if occasionally slow, path.

The profession now commonly known as “physician assistant” got its start in 1965, when four former Navy corpsmen entered a training program at Duke University. The concept arose from, among other places, a 1961 article in the *Journal of the American Medical Association*, calling for “an advanced medical assistant with special training, intermediate between that of the technician and that of the doctor, who could not only handle many technical procedures, but could also take some degree of medical responsibility.”

In 1973, the Wyoming Legislature considered a bill creating “statutes related to physician support personnel.” It defined a “physician

support person” as a graduate of an approved program who was approved by the Wyoming Board of Medicine to perform medical services under the supervision or direction of a physician approved by the board. The bill limited physicians to supervising no more than two physician support persons at a time, and only provided for “certification” of physician support personnel—not “licensure.”

Conspicuous by its absence in the legislation was the term “physician assistant.” Instead, the bill interchangeably used

the terms “physician’s support person,” “physicians support personnel” and “physician support personnel.” The mixing of plural and singular, and especially the occasional use of the possessive apostrophe in “physician’s,” appeared to be a harbinger of semantic wrangling to come.

The legislation also reflected apparent concerns over scope of practice, as it stated: “Nothing in this act shall permit the practice of optometry ... by physician support personnel, except those ... who

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are employed by a physician trained in eye care at his usual place of practice and who are under the physicians [sic] direct supervision.” It also provided for an advisory committee on physician support personnel to the board of medicine, with a whopping eight members! The bill passed into law in 1973, then all was quiet on the legislative front for the next 14 years.

In 1987, a bill filed by Sen. Dan Sullivan and Rep. Craig Thomas substantially overhauled the Wyoming Medical Practice Act. This legislation set the foundation for the system of licensing of physicians and physician assistants and regulation of their professional practice that continues today. In addition to finally dropping the term “physician support personnel” in favor of “physician assistant,” the bill moved the relevant statutory sections to their own “Article 5,” entitled “Physician Assistants,” within the Medical Practice Act. Although it added two seats on the board for “lay” or public members, physician assistants would have to wait another 14 years for that recognition. The bill reduced the advisory council to “at least” two physician assistants and two physicians, and specified that physician assistants had no prescriptive authority, but could “transmit prescription drug orders as the authorized agent of a licensed physician.”

Until 1995, physician support personnel, and later physician assistants, were “certified,” not “licensed.” That year, as part of another broad update of the Medical Practice Act, the Legislature changed physician assistant “certification” to “licensure,” and established passage of the certification examination administered by the National Commission on Certification of Physician Assistants (NCCPA) as the sole testing requirement to receive a license. The legislation provided that contact via telecommunications between a physician assistant and the supervising physician was adequate to show “ready availability” of supervision, provided the board found that the contact was “sufficient to provide quality medical care.” The scope and relative autonomy of practice as physician assistant continued to grow at this time, with this language added to the Medical Practice Act:

*A physician assistant assists in the practice of medicine under the supervision of a licensed physician. Within the physician/physician assistant relationships, physician assistants exercise autonomy in medical decision making and provide a broad range of diagnostic, therapeutic and health promotion and disease prevention services. The physician assistant may perform those duties and responsibilities delegated to him by the supervising physician when the duties and responsibilities are provided under the supervision of a licensed physician approved by the board, within the scope of the physician's practice and expertise and within the skills of the physician assistant.*

The Wyoming Legislature advanced the physician assistant program by huge strides with a deceptively short bill that

passed in 2001. For the first time, in addition to the physician assistant advisory council, a physician assistant would be a full member of the board of medicine. The bill did not give physician assistants full prescriptive authority, retaining the “agent of the supervising physician language,” but modified a prohibition on PA prescribing of Schedule II controlled substances to permissive authority to prescribe Schedule II through Schedule V medications.

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Perhaps most significant, though, was this new language describing the scope of physician assistant practice in Wyoming:

*Physician assistants are healthcare providers and shall be considered healthcare providers for all provisions of state law. Physician assistants shall be considered agents of their supervising physician in the performance of all practice related activities, including, but not limited to, the ordering of diagnostic, therapeutic and other medical services.*

Elsewhere in healthcare licensing, 10 years after the adoption of the original “physician support personnel” certification legislation, the Legislature modified the Wyoming Nursing Practice Act to recognize and license “advanced practitioner[s] of nursing.” Starting in 1983, advanced professional registered nurses could perform “advanced nursing acts and ... medical acts in collaboration with a licensed or otherwise legally authorized physician or dentist, in such a manner to assure quality and appropriateness of services rendered.” In 2005, the Legislature repealed the “collaboration” requirement, giving advanced practice registered nurses full autonomy, including prescriptive authority, in Wyoming.

Legislation proposed by the Wyoming Association of Physician Assistants in 2020 set the stage for the latest stage of evolution in physician assistant practice. The bill was introduced in the 2021 General Session as Senate File 33, and its primary sponsor was Fred Baldwin, PA-C, the chairman of the Senate Labor, Health and Social Services Committee.

Based on the “Optimal Team Practice” model promoted by the American Academy of Physician Assistants, the biggest impact of the bill is that physician assistants who are NCCPA certified no longer require physician supervision to practice in Wyoming. It also changed the scope of a physician assistant's practice from one who “assists in the practice of medicine under

the supervision of a licensed physician” to “an individual who practices medicine.”

New graduates of physician assistant programs who have not achieved NCCPA certification will still need to be supervised by a physician, or a physician assistant with at least five years of experience, who is approved by the board of medicine. The requirement for certification will end when the physician assistant passes the NCCPA examination.

The bill deleted the decades-old language stating that physician assistants may prescribe “only as an agent of the supervising physician.”

The physician assistant advisory committee to the board of medicine is also modified to require a majority of its members be physician assistants.

Due to the complex nature of the board of medicine’s licensing database, and the need to make substantial revisions to it to reflect the changes made in SF 33, the Legislature made the law effective on January 1, 2022. Critical among those changes is removing the automatic conversion of a physician assistant’s license from “active” to “inactive” status if the physician assistant doesn’t have an approved supervising physician, which the majority of physician assistants will not have starting next year. Online forms, including those for initial license applications and renewals, will also be modified to implement the changed supervision requirements.


Until January 1, 2022, though, all physician assistants continue to require physician supervision in order to practice in Wyoming. For that reason, during the physician assistant license renewal period beginning in mid-October 2021, the board’s forms will continue to require PAs to list their approved supervising physicians. The renewal forms will also ask physician assistants for their NCCPA certification status to ensure compliance with the revised supervision requirement that applies only to uncertified physician assistants starting on January 1st. The licensee look-up feature on the board’s web page will also be modified to show current supervising physicians only for those physician assistants who are not NCCPA certified, and the historic (pre-2022) supervising physicians for all physician assistants.

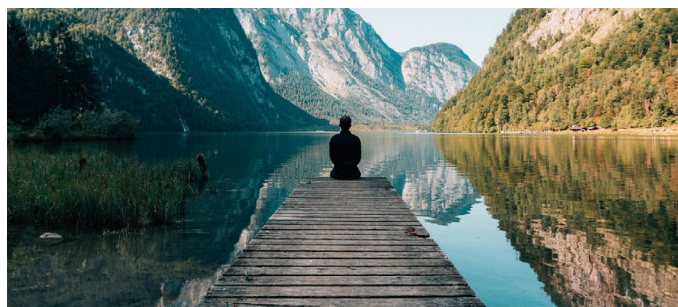
Last, but certainly not least, the board will undertake a substantial revision of Chapter 5 of its Rules and Regulations. That will focus primarily on removing language related to

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physician supervision of physician assistants, but will also update the license application process rules. As always, the board will seek input from the Wyoming Association of Physician Assistants and the Wyoming Medical Society on the drafting of the rule changes.

As for those four Navy corpsmen, they must have made a good impression. Fifty-six years later, the Navy is actively recruiting with a description on its website for physician assistants who

would like to “serve globally in hospital settings, aboard aircraft carriers and bring the best in U.S. healthcare on humanitarian relief missions. Your skills in medicine are needed to keep our sailors healthy so they can continue to carry on operations every day.” 



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