

(3) In a hospital, correctional facility, or detention center, the authority of a physician assistant to write medication orders complies with the following limitations:

(i) A physician assistant may write medication orders only for Schedule II, Schedule III, Schedule IV, and Schedule V Medications, noncontrolled substances, and nonprescription medications; and

(ii) Medication orders must be administered on-site;

(4) In a public health facility, the authority of a physician assistant to write medication orders complies with the following limitations:

(i) A physician assistant may not write medication orders for controlled dangerous substances; and

(ii) A physician assistant may write a medication order for the treatment of:

1. Human Immunodeficiency Virus (HIV) or an infectious disease other than a sexually transmitted disease only after a patient is evaluated by a physician and if the medication order is written in accordance with protocols established by the Department; and

2. A sexually transmitted disease only after the physician assistant determines, based on diagnostic parameters, that a patient has a sexually transmitted disease and if the medication order is written in accordance with protocols;

(5) In a hospital, correctional facility, or detention center, each medication order is countersigned by a supervising physician within 48 hours;

(6) In a public health facility, each medication order is countersigned by a supervising physician within 72 hours;

(7) The supervising physician:

(i) Attests that the physician assistant has been credentialed by the hospital, public health facility, correctional facility, or detention center to write medication orders for controlled dangerous substances, noncontrolled substances, or nonprescription medications; and

(ii) Notifies the Board if the physician assistant's authority to write medication orders has been restricted or removed by the supervising physician, revoked by disciplinary measures of a hospital, public health facility, correctional facility, or detention center, or if the physician assistant no longer provides care in a setting where medication order writing has been authorized; and

(8) In an emergency room, a physician assistant discusses a patient's treatment plan, including medication orders, with a supervising physician prior to patient discharge.