



Policy: GG.1602
Title: **Non-Physician Medical Practitioner (NMP) Scope of Practice**
Department: Medical Management
Section: Quality Improvement

CEO Approval: /s/ Michael Hunn 11/13/2024

Effective Date: 01/01/1998

Revised Date: 10/01/2024

Applicable to: ☒ Medi-Cal
☒ OneCare
☒ PACE
☐ Administrative

I. PURPOSE

This policy establishes a process for ensuring that Non-Physician Medical Practitioners (NMP) who are Providers with CalOptima Health's Health Networks have the necessary credentials and supervision, as applicable, to perform their functions.

II. POLICY

- A. An NMP shall practice within the scope of his or her license and under the supervision of a Physician, as applicable, as referenced in the Medi-Cal Provider Manual, and shall comply with applicable State laws regarding scope of practice.
 - a. Physician supervision is not required for services rendered by Nurse Practitioners (NPs) who satisfy the requirements of California Business Professional Code (BPC), §§2837.103 and 2837.104.
 - b. Physician supervision is not required for services rendered by Licensed Midwife (LMs) and Certified Nurse Midwives (CNMs).
- B. CalOptima Health and its Health Networks shall credential and recredential NMPs, in accordance with CalOptima Health Policy GG.1650: Credentialing and Recredentialing of Practitioners.
- C. NMPs may include, but are not limited to, Physician Assistants (PA), Nurse Practitioners (NP), Certified Nurse Practitioners (CNP), Licensed Midwife (LM), and Certified Nurse Midwives (CNM).

III. PROCEDURE

- A. Supervision of NMPs
 - 1. Services rendered by NMPs, excluding CNPs, CNMs and LMs, must be performed under the general supervision of a Physician or Organized Health Care System. The Physician may be in private practice or may be a staff in a hospital or outpatient department, outpatient clinic, surgical facility, or community clinic.

- a. LMs are authorized to perform obstetrical services without supervision of a licensed Physician or surgeon, and are permitted to bill directly for services rendered, excluding Comprehensive Perinatal Services Program (CPSP) services where LMs can only be employed as contract service providers.
 - b. CNMs may provide care without supervision of a licensed Physician or surgeon, in the hospital or any out-of-hospital setting, for low-risk pregnancy and childbirth, prenatal, intrapartum, and postpartum care, interconception care, family planning care, and immediate care for the newborn, consistent with the core competencies for basic midwifery practice adopted by the American College of Nurse-Midwives (ACNM) or its successor organization, in accordance with California BPC §2746.5(a).
 - c. NPs who have a 103 or 104 certification from the Board of Registered Nursing, are permitted to perform services without the supervision of a licensed Physician or surgeon and are permitted to bill directly for services rendered under their education and training.
2. Physician supervisory ratio must be 1:4 (full time equivalents) for NMPs who require supervision.
 - a. CalOptima Health and its Health Networks shall ensure FTE Physician Supervisor to Non-Physician Medical Practitioner ratio do not exceed the following:
 - i. Nurse Practitioner 1:4
 - ii. Physician Assistant 1:4
 - iii. The furnishing law requires that the Physician supervises up to four (4) nurse practitioners or physician assistants at a time. If the nurse practitioner is not furnishing, there are no limitations on the number of nurse practitioners.
 - iv. A Physician may supervise up to eight (8) PAs at one time if all of the PAs are focused solely on performing in-home health evaluations to gather patient information and perform annual wellness visits or health evaluations that do not involve direct patient treatment or prescribing medication.
 3. For NPs and PAs, a Physician must be available in-person or through electronic means to provide:
 - a. Supervision to extent required by California law;
 - b. Necessary instruction to patient management;
 - c. Consultation; and
 - d. Referral to appropriate care by specialist Physicians or other licensed health care professionals.
 4. A NP who does not have an individual relationship with CalOptima Health must have Standardized Procedures which is approved and signed by a designated supervising Physician.
 - a. The Supervising Physician must be contracted and credentialed by CalOptima Health

- b. Standardized Procedures are authorized in the BPC, Nursing Practice Act (NPA) §2725 and further clarified in California Code of Regulation (CCR §1480). Standardized procedures are the legal mechanism for registered nurses, nurse practitioners to perform functions which would otherwise be considered the practice of medicine. Standardized procedures must be developed collaboratively by nursing, medicine, and administration in the organized health care system where they will be utilized.
5. A PA must have a Practice Agreement that is agreed upon and signed by the designated supervising Physician or has an agreement with an Organized Health Care System, which:
 - a. Follows the statutory requirement set forth in BPC §3500 et seq. and §1399.500 et seq of the California Code of Regulations.
 - b. Names the Supervising Physician who is contracted and credentialed by CalOptima Health; stating the PA agrees to follow protocols developed for practice by the Supervising Physician based on skills and area of specialty or provide a copy of the employment agreement with the credentialed Provider; or
 - c. Is a signed Practice Agreement between the PA and the Organized Health Care System stating that the PA agrees to follow protocols developed for practice by the Organized Health Care System based on skills and area of specialty or provide a copy of the Practice Agreement with the credentialed Organized Health Care System.
6. LMs are restricted from the following, which requires a prescription written by an appropriately licensed health care practitioner:
 - a. Prescribing contraceptive medications and/or prescription drugs;
 - b. Inserting intrauterine contraceptive devices;
 - c. Inserting subdermal contraceptive implants; and
 - d. Prescribing contraceptive hormonal patches.
7. A Physician shall maintain responsibility for NPs and PAs at all times and may authorize and approve the NP or PA to perform services pursuant to this policy and as specified in the Practice Agreement or Standardized Procedures.
8. A Physician shall maintain copies of licenses and Drug Enforcement Agency (DEA) license as applicable for all NMPs employed by the Physician.
9. NMPs must be Medi-Cal enrolled if providing services to CalOptima Health Medi-Cal Members.
10. CNM, CNP and LM may be directly contracted with CalOptima Health. All NMPs must be credentialed with CalOptima Health in accordance with GG.1650: Credentialing and Recredentialing of Practitioners.

B. Physician Consultation

1. If an NMP encounters any condition that goes beyond the scope of practice, a consult shall be conducted with a Physician as soon as possible.

2. If an NMP has any doubts regarding diagnosis, a consult with a Physician shall be conducted as soon as possible.
3. If a Member requests a Physician or another type of mid-level consultation, the NMP shall consult with a Physician.
4. A Supervising Physician may authorize an NMP through the Practice Agreement or Standardized Procedures to perform the following Physician functions:
 - a. Conduct an Assessment;
 - b. Order, perform, and interpret diagnostic procedures;
 - c. Make primary and differential diagnoses;
 - d. Prescribe, administer, dispense and furnish medications including over-the-counter and controlled substances;
 - e. Order Durable Medical Equipment (DME), medical devices, nutrition, blood and blood products, home health, hospice, physical and occupational therapy;
 - f. Certify disability after a physical exam; and/or
 - g. Delegate tasks to a medical assistant.
5. An NMP must refer a Member to a Physician or surgeon if the situation or condition of the patient is beyond the scope of education or training of the NMP as written in AB 890 and/or specified in the Practice Agreement or Standardized Procedures as follows:
 - a. Emergent conditions requiring medical intervention;
 - b. Acute decompensation;
 - c. A problem which is not resolving with or without treatment, as anticipated;
 - d. History, physical examination or lab findings that are inconsistent with the clinical perspective; and/or
 - e. Upon request of the Member.
 - f. An NMP who has been granted hospital privileges may perform procedures consistent with the education, training, and the legal scope of practice granted under the hospital privileges. These may include, but are not limited to:
 - i. Performing history and physical examination;
 - ii. Developing and implementing a treatment plan in consultation with the Physician;
 - iii. Assisting with surgical and diagnostic procedures; and
 - iv. Developing discharge plans in consultation with the Physician.

C. Medication

1. A NP, CNP, and CNM may furnish drugs and devices, in accordance with the NPA, §§ 2836.1 through 2836.3 of the BPC, if the following conditions are met:
 - a. A NP, CNP, and CNM must possess a current Furnishing Number issued by the California Board of Registered Nursing.
 - b. A NP, CNP, and CNM Furnishing Number must be included on the prescription, and the Supervising Physician's name must appear on the prescription for labeling purposes.
 - c. Appropriate educational information shall be provided to the Member prior to furnishing the drugs or devices.
 - d. A NP, CNP, and CNM may furnish Schedule II through Schedule V controlled substances under the California Code Health and Safety Code (HSC) Division 10 - Uniform Controlled Substances Act, §11000.
 - i. In order to furnish a Schedule II or III controlled substance, it is required that a protocol exists, contained within a standardized procedure, that specifies which categories of patients may be furnished this class of drugs.
 - ii. All NPs and CNPs who are authorized to furnish or issue drug orders for controlled substances shall be registered with the United States Drug Enforcement Administration (DEA).
 - e. A NP, CNP, and CNM may verbally transmit any prescription, except Schedule II controlled substances, to a pharmacist, in accordance with the Pharmacy Law, BPC, §4040.
2. A PA may administer or provide medication to a Member or transmit orally or in writing on a Member's record or in a drug order, an order to a person who may lawfully furnish the medication or medical device, as stated in the Physician Assistant Practice Act, BPC, §3502.1.
 - a. The PA must have satisfactorily completed a course in pharmacology covering the drugs or devices to be furnished or ordered.
 - b. If specified in the Practice Agreement, a PA may administer or provide medication to a Member or transmit orally or in writing on a Member's record or in a transmittal order, a prescription from his or her Supervising Physician.
 - i. The Practice Agreement shall specify all criteria for the use of a particular drug or device, and any contradictions for the selection.
 - ii. If the Practice Agreement authorizes the PA to furnish a Schedule II through Schedule V controlled substance, the Practice Agreement shall address the diagnosis of the illness, injury, or condition for which the PA may furnish the Schedule II through Schedule V controlled substance.
 - iii. The PA may furnish or order drugs or devices under the Physician's supervision, though it must be specified as such in the Practice Agreement, and the Physician does not need to be onsite, but available by phone or via electronic communication.

- c. A PA who is prescribing controlled substances should be registered with the DEA.
- d. CalOptima Health shall monitor this policy through the implementation of annual on-site chart audits for practitioners, and any identified problem areas shall be reported to the Quality Improvement Department for review.

D. Reference Materials

- 1. Reference materials may be accessed by a practitioner's office and adapted for use as protocols by the Physician and NMP, to be followed for each type of medical problem that might be encountered.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. Assembly Bill No. 890 Nurse practitioners: scope of practice: practice without standardized procedures
- B. California Business and Professions Code (BPC), §§650.01, 650.02, 2746.51, 3500, 3501, 3502, 3502.1, 3502.3, 3509, and 3516
- C. California Business and Professions Code (BPC), Nursing Practice Act (NPA), §§2700 - 2837
- D. California Business and Professions Code (BPC), Pharmacy Law, §§4040.2(b) and 4170
- E. California Code of Regulations (CCR), §§1399.500 and 1480
- F. California Senate Bill 697 Physician Assistants: Practice Agreement: Supervision
- G. California Uniform Controlled Substances Act
- H. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- I. CalOptima Health Policy GG.1650: Credentialing and Recredentialing of Practitioners
- J. CalOptima Health Policy GG.1713: Certified Nurse Midwife Practice Guidelines
- K. Department of Health Care Services (DHCS) All Plan Letter (APL) 18-022: Access Requirements for Freestanding Birth Centers and the Provision of Midwife Services
- L. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-001: Network Certification Requirements (Supersedes APL 21-006)
- M. Frequently Asked Questions, American Academy of Physician Assistants
- N. Medi-Cal Provider Manual

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
05/05/2022	Department of Health Care Services (DHCS)	Approved as Submitted
11/09/2022	Department of Health Care Services (DHCS)	File and Use
10/31/2024	Department of Health Care Services (DHCS)	File and Use

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	01/01/1998	GG.1602	Mid-Level Practitioner Scope of Practice	Medi-Cal
Revised	03/01/1999	GG.1602	Mid-Level Practitioner Scope of Practice	Medi-Cal
Revised	05/01/2000	GG.1602	Mid-Level Practitioner Scope of Practice	Medi-Cal
Revised	06/01/2005	GG.1602	Mid-Level Practitioner Scope of Practice	Medi-Cal
Revised	05/01/2007	GG.1602	Mid-Level Practitioner Scope of Practice	Medi-Cal
Revised	02/01/2013	GG.1602	Mid-Level Practitioner Scope of Practice	Medi-Cal OneCare
Revised	08/01/2015	GG.1602	Mid-Level Practitioner Scope of Practice	Medi-Cal OneCare OneCare Connect PACE
Revised	12/01/2017	GG.1602	Non-Physician Medical Practitioner (NMP) Scope of Practice	Medi-Cal OneCare OneCare Connect PACE
Revised	03/01/2019	GG.1602	Non-Physician Medical Practitioner (NMP) Scope of Practice	Medi-Cal OneCare OneCare Connect PACE
Revised	03/01/2020	GG.1602	Non-Physician Medical Practitioner (NMP) Scope of Practice	Medi-Cal OneCare OneCare Connect PACE
Revised	04/01/2022	GG.1602	Non-Physician Medical Practitioner (NMP) Scope of Practice	Medi-Cal OneCare OneCare Connect PACE
Revised	12/31/2022	GG.1602	Non-Physician Medical Practitioner (NMP) Scope of Practice	Medi-Cal OneCare PACE
Revised	10/01/2023	GG.1602	Non-Physician Medical Practitioner (NMP) Scope of Practice	Medi-Cal OneCare PACE
Revised	10/01/2024	GG.1602	Non-Physician Medical Practitioner (NMP) Scope of Practice	Medi-Cal OneCare PACE

IX. GLOSSARY

Term	Definition
Certified Nurse Midwife (CNM)	For purposes of this policy, a certified nurse midwife is a Registered Nurse (RN) and certified as a nurse midwife by the California Board of Registered Nursing. A CNM may be employed by a Medi-Cal provider or be an independent Medi-Cal provider.
Certified Nurse Practitioner (CNP)	For purposes of this policy, a certified Nurse Practitioner is an NMP that is permitted to render services as an independent practitioner and become a Medi-Cal provider. To qualify as an independent practitioner, participants must be: licensed as a nurse and certified as a Nurse Practitioner by the California Board of Registered Nursing, nationally board certified, enrolled as an independent provider in the Medi-Cal program.
Comprehensive Perinatal Services Program (CPSP)	Any general practice Physician, family practice Physician, obstetrician-gynecologist, pediatrician, certified nurse midwife, family or pediatric Nurse Practitioner, alternative birth center, a group, any of whose Members is one of the above-named Physicians, or any preferred provider organization or clinic holding a valid and current Medi-Cal provider number and certified pursuant to the standards of this section.
Health Network	A Physician Hospital Consortium (PHC), Physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide covered services to members assigned to that health network.
Licensed Midwife	LM is licensed as a midwife by the Medical Board of California pursuant to Article 24, Chapter 5 of the California Business and Professions Code, and who may attend cases of normal pregnancy and childbirth.
Member	A beneficiary enrolled in a CalOptima Health program.
Non-Physician Medical Practitioner (NMP)	For purposes of this policy, a licensed practitioner, including but not limited to, a Physician Assistant (PA), Nurse Practitioner (NP), Certified Nurse Practitioner (CNP), Certified Nurse Midwife (CNM), Licensed Midwife, furnishing covered services.
Nurse Practitioner (NP)	For purposes of this policy, a Nurse Practitioner is a NMP that is a licensed Registered Nurse (RN) legally entitled to use the title of NP. NPs predominantly practice primary care after completing a clinical and didactic educational program of at least six (6) months' duration, which is appropriate to the scope and function of the practitioner's area of practice.
Organized Health Care System	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.

Term	Definition
Physician	For purposes of this policy, a person duly licensed as a Physician by the Medical Board of California.
Physician Assistants (PA)	For purposes of this policy, a Physician assistant is a NMP that is approved by the Medical Board of California to perform direct patient care services under the supervision of a licensed Physician. PAs are employed by a Medi-Cal provider, but are never an independent Medi-Cal provider.
Practice Agreement	For the purpose of this policy, it 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.
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.
Standardized Procedures	Standardized Procedures are authorized in the Business and Profession Code, Nursing Practice Act (NPA) Section 2725 and further clarified in California Code of Regulation (CCR 1480). Standardized procedures are the legal mechanism for registered nurses, nurse practitioners to perform functions which would otherwise be considered the practice of medicine. Standardized procedures must be developed collaboratively by nursing, medicine, and administration in the organized health care system where they will be utilized. Because of this interdisciplinary collaboration for the development and approval, there is accountability on several levels for the activities to be performed by the registered nurse, nurse practitioner.