

Interpretive Guidance: Physician Coverage in Hospitals

September 2025

Background

The Pennsylvania Department of Health (Department) is issuing this interpretive guidance to clarify its expectations for on-site coverage of physicians in a hospital setting. While physicians are an integral and necessary component of a hospital's patient care team, the manner in which coverage is provided has evolved since the promulgation of the current regulations, and facilities have sought guidance on the Department's interpretation of staffing regulations. The Department is offering this interpretive guidance to provide that clarification and to allow hospitals to consider more flexible coverage models as appropriate. The below interpretive guidance is responsive to requests related to particular service lines in a hospital setting and may be updated to offer additional guidance, as needed.

Hospitals are required to maintain full or substantial compliance with all applicable regulations. The purpose of this document is to provide guidance on the general staffing requirements pertaining to the regulations cited and is not an exhaustive list of regulatory requirements that hospitals may need to consider. Hospitals should contact the appropriate Division of Acute and Ambulatory Care (DAAC) Field Office with questions not addressed by the guidance provided below.

Definitions

For purposes of this interpretive guidance document, the following terms will be defined as described in this section unless the context clearly indicates otherwise.

Advanced Practice Practitioner (APP) - A physician's assistant, certified registered nurse practitioner, certified registered nurse anesthetist, clinical nurse specialist, or certified nurse-midwife.

Campus- A clinical facility that offers inpatient services and that is included under the license of the main licensed hospital but not located on its grounds.

Emergency department – Emergency services organized as a department in accordance with 28 Pa. Code § 117.23 that are available 24 hours per day, seven (7) days per week.

Hospital - Jointly the main licensed hospital, its campuses, and outpatient locations, under common legal ownership. *See also* "hospital" definition at 28 Pa. Code § 101.4.

Main licensed hospital - The location where the hospital license is held.



On call – Immediately available by phone or video and able to be on-site within 30 minutes.

On-site – Physically located on the grounds of a hospital.

Outpatient location - A location offering only outpatient services that is included under the license of the main licensed hospital but not located on its grounds.

Physician- A person licensed to practice medicine or osteopathy. See *also* 1 Pa.C.S. § 991.

Minimum Physician Coverage Requirements for all Hospitals

I. Staffing

Every hospital licensed by the Department must have at least **one physician on-site at all times in every main hospital and every campus** to provide medical coverage for its patients.¹ The physician providing medical coverage must have the experience, training, and clinical privileges necessary to meet the medical needs of the patients of the hospital.²

Except as otherwise required by regulation or stated within this guidance, hospitals will be given discretion to determine whether additional on-site or on-call physicians may be required to meet the needs of the patient population the facility serves. APPs may provide coverage for patients if appropriately credentialed and privileged in accordance with medical staff bylaws and their scope of practice.³ Nursing services must also be continuously available.⁴

A hospital may use tele-hospitalist coverage or a similar telemedicine program for medical coverage of patients, as long as there is at least one physician on-site capable of meeting the routine on-site and emergent medical needs of patients. The responsibilities of both the on- and off-site physician(s) and APP(s) must have been determined to be appropriate to meet the needs of patients, documented in the medical staff bylaws, and approved by the governing body.

II. Admissions and Discharges

Currently, with the exception of admissions and discharges from an emergency department, the Department's regulations do not prescribe by whom admission and discharge orders must be entered.⁵ Therefore, it is within the discretion of the hospital, in

¹ 28 Pa. Code §§ 101.31 (5)(requiring medical services, continuous).

² 28 Pa. Code § 103.4 (1).

³ See *generally* 28 Pa. Code §§ 107.12 and 107.12a.

⁴ 28 Pa. Code § 101.31 (6).

⁵ See *generally* 28 Pa. Code Ch. 105.



accordance with scope of practice rules, medical staff bylaws, and hospital policies, the manner in which admission and discharge orders are entered and by whom.

III. Medication and Treatment Orders

Medication and treatment orders can be entered by both physicians and APPs in accordance with medical staff bylaws.⁶ Medication and treatment orders can be entered remotely, in accordance with hospital policies and medical staff bylaws, as long as the ordering provider has enough up-to-date information available to them at the time of the order to make an appropriate medication or treatment decision.

Physician Coverage of Emergency Departments

I. Staffing

In a location with an emergency department, including a hospital, campus, or outpatient emergency department, the hospital must provide physician coverage for the emergency department.^{7,8} The physician providing coverage in the emergency department must have appropriate experience, training, and clinical privileges to meet the needs of patients presenting with emergency conditions.⁹

The physician providing emergency department coverage may also satisfy the general requirement for physician coverage, as long as the hospital has determined, in consultation with medical and nursing staff, that one (1) physician can adequately meet the medical needs of patients. The physician must have appropriate experience, training, and clinical privileges to meet the needs of patients for whom they are providing medical coverage. The hospital must also develop and implement procedures documenting how and by whom coverage will be maintained if the physician is responding to a medical emergency or is otherwise unavailable.¹⁰

Hospitals will be given discretion to determine whether additional on-site physicians may be required to meet the needs of the patient population the facility's emergency department serves.¹¹ APPs may provide additional coverage for inpatients if appropriately credentialed and privileged in accordance with medical staff bylaws and their scope of practice.¹² Nursing services must also be continuously available, with at

⁶ 28 Pa. Code §§ 107.12, 107.12a, 107.61 and 107.62.

⁷ 28 Pa. Code §§ 117.14 (c), 117.26 (b), and 117.41 (b)(1).

⁸ Hospitals that have been granted the tele-emergency department are exempt from this requirement but subject to the conditions imposed through the exception.

⁹ See *generally* 28 Pa. Code §§ 117.29 and 117.41. .

¹⁰ 28 Pa. Code § 117.21; 117.41 (b)(14).

¹¹ 28 Pa. Code § 117.21. See *also* 28 Pa. Code § 103.4 (1).

¹² See *generally* 28 Pa. Code §§ 107.12 and 107.12a.

least one registered nurse qualified by training and experience in emergency care on-site in the emergency department at all times.¹³

II. Admissions and Discharges

Admission decisions in the emergency department setting must be made by a physician.¹⁴ However, the on-site physician does not need to be the physician to make the admission decision, as long as the hospital has documented its policies for consulting an on-call or remote physician and the consultation does not cause an unnecessary delay in patient care. Similarly, discharge orders for emergency department patients must be entered by a physician,¹⁵ but the order can be based on assessments and documentation from on-site APPs and nursing staff in accordance with their scope of practice, emergency department policies, and medical staff bylaws.¹⁶

III. Medication and treatment

Medication and treatment orders can be entered by both physicians and APPs in accordance with emergency department policies and medical staff bylaws.¹⁷ Medication and treatment orders can be entered remotely, as long as the ordering provider has enough up-to-date information available to them at the time of the order to make an appropriate medication or treatment decision.

Physician Coverage of Surgical Services

If a hospital offers surgical services, a physician with appropriate training, experience, and clinical privileges must be on-site or on-call to ensure that there is 24-hour emergency care or post-operative follow up care.¹⁸ Acute care hospitals offering surgical services are no longer required to maintain staffing to offer all surgical services on a 24/7 basis. Rather, hospitals will have discretion in determining the scope and availability of their surgical services. If a patient presents at an acute care hospital and surgery is the necessary treatment for the patient's emergency medical condition, the hospital must determine whether the patient can be safely admitted and treated or whether a transfer is necessary¹⁹. Similarly, if a surgical patient requires emergency care or post-operative follow-up care, the hospital must determine whether the care can be provided on-site and, if not, arrange for a transfer to an appropriate receiving facility.

¹³ 28 Pa. Code § 117.28.

¹⁴ 28 Pa. Code 117.41 (b)(1).

¹⁵ 28 Pa. Code 117.41 (b)(4).

¹⁶ 27 Pa. Code 117.41 (a).

¹⁷ 28 Pa. Code § 107.61, 107.62, 117.41 (b).

¹⁸ 28 Pa. Code §§ 103.4 (1); 107.1; 135.3; 135.5.

¹⁹ See *generally* 28 Pa. Code §§ 117.1, 117.12, 117.13, 117.14 and 117.41.



Beyond the on-call emergency care or post-operative follow-up coverage provided for in section 135.5, hospitals will be given discretion to determine whether additional on-site or on-call physicians may be required to meet the needs of the surgical patients the facility serves. APPs may provide coverage for surgical patients if appropriately credentialed and privileged in accordance with medical staff bylaws and their scope of practice.²⁰ Nursing services must also be continuously available.²¹

Physician Coverage for Outpatient Locations, Excluding Outpatient Emergency Departments

On-site physician coverage of outpatient locations, excluding outpatient emergency departments, is at the discretion of the hospital. Staffing of the outpatient location must be adequate to meet the needs of patients and be clearly documented.²²

General Considerations for Staffing Coverage

For purposes of determining suitability of on-site staffing coverage, in accordance with section 103.4 (1), hospitals must be prepared to demonstrate the following:

- Department, unit, and/or service staffing plans were developed in consultation with medical and nursing staff.
- Consideration of:
 - The health needs of the community.
 - Patient volume, acuity and required level of care.
 - Experience and qualifications of medical and nursing staff, including physicians, APPs, and nurses.
 - The physical environment of the hospital and department/unit/service.
 - The availability of other personnel to support medical and nursing staff on the department/unit/service.
- Staffing plans are reviewed and revised periodically in accordance with facility policy.

Exceptions to Physician Coverage Requirements

The following exceptions continue to be available to hospitals:

- An exception to 28 Pa. Code § 101.31 (5) to allow overnight coverage by nursing staff in rehabilitation hospitals and addiction rehabilitation hospitals, subject to conditions.

²⁰ See *generally* 28 Pa. Code §§ 107.12 and 107.12a.

²¹ 28 Pa. Code § 135.22.

²² 28 Pa. Code 119.5.



- An exception to 28 Pa. Code § 101.31 (5) to allow hospitals to offer Acute Care Hospital at Home programs.
- The [tele-emergency department](#) exception.

Hospitals are still eligible to apply for an exception to any regulation, and those exceptions will be processed under the Department's standard procedures. Any hospitals considering this option should reach out to RA-DAAC@pa.gov with a preliminary staffing plan that identifies the responsibilities of on-site, on-call and remotely available staff.

Other Information

Telemedicine Guidance

Hospitals using telemedicine to support or supplement on-site staffing must do so in accordance with the Department's [telemedicine guidance](#).

Receiving Facility, Medical Command and Trauma Certification

The manner in which hospitals develop and implement physician staffing models may impact a hospital's receiving facility, medical command facility and/or trauma certification status²³ and should be considered when developing staffing plans.

Compliance with Other Laws and Regulations

This document is intended to offer interpretive guidance that is limited to the Department's hospital regulations. Nothing in this interpretive guidance should be construed as affecting or interpreting any Federal or State law or regulations outside of the Department's jurisdiction that may require or limit staffing flexibilities, including but not limited to the Conditions of Participation and rules relating to scope of practice.

²³ See *generally* The EMS Systems Act, 35 Pa.C.S. §§ 8101 – 8158.