

PHYSICIAN ASSISTANT BOARD
FINAL STATEMENT OF REASONS

Hearing Date: July 11, 2016

Subject Matter of Proposed Regulations: Reporting of Supervision by Physician Assistant Supervision

Section Affected: 1399.546 of Title 16 of the California Code of Regulations

Updated Information

The Initial Statement of Reasons is included in the file. The information contained therein is updated as follows:

On July 20, 2016 the Physician Assistant Board issued a 15-day Notice of Availability of Modified Text for the following reasons. At the January 11, 2016 board meeting, proposed language to amend Title 16, California Code of Regulations section 1399.546 was reviewed. A motion was made to approve the proposed language which deleted the word "assistant" from the third line of subdivision (b). The word "assistant" was inadvertently not deleted from the originally proposed text, which was approved by the Board at the January 11, 2016 meeting.

On June 28, 2016, public comment regarding this regulatory proposal was received from the California Academy of PAs (CAPA) in which they requested that the proposed text be modified to delete the word "assistant" from the third line of subdivision (b). The proposed text was amended to remove the word "assistant" from the third line of subdivision (b) and the proposed Modified Text was noticed for 15 days.

This change does not affect the purpose or the scope of the proposed regulatory change.

Local Mandate

A mandate is not imposed on local agencies or school districts.

Small Business Impact

This regulation will not have a significant adverse economic impact on businesses. This determination is based on the following facts or evidence/documents/testimony:

The Physician Assistant Board has approximately 10,732 licensees for FY 2015-2016. Physician assistants work in a variety of practice settings and specialties under the supervision of licensed physicians. The Board does not have data on the number of

physicians who supervise physician assistants or the number of businesses that employ them.

Existing law requires that physician assistants manually enter the name of their supervising physician in the patient's record for each episode of care. The proposed amendment would clarify and specifically permit the physician assistant to use computer software programs to automatically enter the information, thus saving costs and time and eliminating duplicative functions within the health care delivery system.

This proposal would therefore result in cost savings for any businesses that employ physician assistants or no costs for those businesses already electronically generating the information required by this regulation. The proposal's purpose is to ensure there is no duplicative record keeping while still enabling the patient to reference who their supervising physician is.

Anticipated Benefits of this Proposal

The purpose is to eliminate duplicative record keeping, thus ensuring that licensees would not be subjected to burdensome regulations in complying with this reporting requirement while still meeting the objective of documenting who is responsible for providing care in the patient's medical record.

Consideration of Alternatives

Government Code section 11346.9(a)(4) requires a determination with supporting information that no alternative considered by the agency would be more effective in carrying out the purpose for which the regulation is proposed, would be as effective and less burdensome to affected private persons than the adopted regulation, or would be more cost effective to affected private persons and equally effective in implementing the statutory policy or other provision of law.

Set forth below are the alternatives which were considered and the reasons each alternative was accepted or rejected:

1. Not amend the regulation: This alternative was rejected because section 1399.546 is inconsistent with the provision of Business and Professions Code section 3502.
2. Amend the regulation: The Board determined that this alternative was the most feasible because it will update section 1399.546 to reflect current medical record keeping technological changes without affecting patient standard of care.

Objections or Recommendations/Responses

Comments received during the 45 day comment period:

Comment from Teresa Anderson, Public Policy Director, California Academy of PAs on

June 28, 2016.

Teresa Anderson, on behalf of the California Academy of PAs (CAPA), requested a clarifying amendment specific to Section 1399.546 (b) of the proposed language. The draft version of the proposed language references a supervising physician assistant rather than a supervising physician. Therefore, CAPA requested that the originally proposed text be modified to delete the word “assistant” from the third line of subdivision (b) of the originally proposed text.

Response to comment received prior to the July 11, 2016 public hearing

During the Board meeting of July 11, 2016 the Board approved the recommendation set forth in the California Academy of PAs’ comment letter of June 28, 2016.

The proposed action was modified as follows to accommodate the comment: the proposed text was modified as a result of this comment to remove the word “assistant” from the third line of subdivision (b) of the originally proposed text.

Finding of Necessity

Business and Professions Code section 3502 authorizes the medical services performable by physician assistants, the supervision requirements of physician assistants, and supervision of record keeping requirements. Section 1399.546 currently requires the physician assistant to enter the name of their supervising physician in the patient’s medical record every time they provide care for that patient. Section 1399.546 was adopted prior to the now wide-use of electronic medical records and the automated or computerized entry of required medical information in the medical records of patients. The necessity is to eliminate the apparent inconsistency with the legislative intent of SB 337 and to reflect current medical record keeping practices with regard to the more wide-spread use of EMRs.

This regulatory proposal does not require the licensee to submit a report.

Incorporation by Reference

There are no documents incorporated by reference.