

Proposed

**STATE OF KANSAS
BOARD OF HEALING ARTS**

Notice of Public Hearing on Proposed Administrative Regulation

November 4, 2011

A public hearing will be conducted on Friday, January 20, 2012 at 10:00 a.m. at the Kansas State Board of Healing Arts, 800 SW Jackson, Lower Level – Suite A, Topeka, Kansas to consider the amendment of one proposed rule and regulation (K.A.R. 100-28a-10) concerning physician assistant chart co-signature requirements.

This 60-day notice of the public hearing shall constitute a public comment period for the purpose of receiving written public comments on the above-referenced rule and regulation. All interested parties may submit comments prior to the hearing to the Board of Healing Arts at the address above, or via e-mail to healingarts@ink.org. All interested parties will be given a reasonable opportunity to present their views, orally or in writing, concerning the amendment of the proposed regulation during the public hearing. In order to provide all parties an opportunity to present their views, it may be necessary to request each participant limit any oral presentations to five minutes.

Any individual with a disability may request accommodation in order to participate in the public hearing and may request the proposed regulation being considered and the economic impact statement in an accessible format. Requests for accommodation to participate in the hearing should be made at least five working days in advance of the hearing by contacting Barbara Montgomery at (785) 296-8558 or at bmontgomery@ksbha.ks.gov. Handicapped parking is located on 8th Street and in the building's parking garage. From the street, the west entrance to the building on Jackson Street is accessible.

A summary of the proposed regulation and its economic impact follow. (Note: Statements indicating that a regulation is "not anticipated to have any economic impact" are intended to indicate that no economic impact on the ^{Board of Healing Arts} Department of Administration, other state agencies, state employees, or the general public has been identified.)



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Copies of the proposed regulations and the Economic Impact Statement for the proposed regulation may be obtained from the Kansas State Board of Healing Arts, 800 SW Jackson, Lower Level – Suite A, Topeka, Kansas 66612; by visiting our website at <http://www.ksbha.org/public.html>, by calling Cathy Brown at (785) 296-3680, or by e-mailing us at healingarts@ink.org.

The amendment of one proposed rule and regulation concerning physician assistant chart co-signature requirements to be considered at the hearing and the respective economic impact are as follows:

K.A.R. 100-28a-10. Supervision and Direction; adequacy. An amendment to this regulation gives the physician and the physician assistant discretion in determining the proper method for interaction and communication on patient matters. The proposed amendment of this regulation offers a method of adequate supervision which better utilizes both the physician and the physician assistant's time, while providing equality between physician assistants and other healthcare professionals, and putting the physician assistant in a more competitive position.

This regulation is not mandated by any federal law.

There is no foreseen cost to the Board, other state agencies, state employees, or the general public to implement this regulation.

No other methods were considered.



K.A.R. 100-28a-10. Supervision and direction; adequacy. (a) Direction and supervision of the physician assistant shall be considered to be adequate if the responsible physician meets all of the following requirements:

(a) (1) Engages in the practice of medicine and surgery in Kansas;

(2) verifies that the physician assistant has a current license issued by the board;

(3) at least annually, reviews, and evaluates the professional competency of the physician assistant, and determines whether the physician assistant has performed patient services constituting the practice of medicine and surgery with professional competence and with reasonable skill and safety;

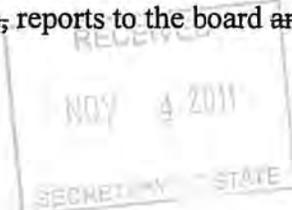
~~(b) (4) at least annually, reviews any drug prescription protocol and determines if any modifications, restrictions, or terminations are required. Each of these changes~~ modification, restriction, or termination shall be conveyed to the physician assistant and set forth in all copies of the drug prescription protocol required by K.A.R. 100-28a-9 to be maintained and provided;

~~(c) engages in the practice of medicine and surgery in this state;~~

~~(d) ensures that the physician assistant has a current license issued by the board. The responsible physician shall obtain a certified copy of the license or verification of licensure from the board;~~

~~(e) (5) within 10 days,~~ reports to the board any knowledge of disciplinary hearings, formal hearings, public or private censure, or other disciplinary action taken against the physician assistant by any state's licensure or registration authority or any professional association. The responsible physician shall report this information to the board within 10 days of receiving notice of the information;

~~(f) (6) within 10 days,~~ reports to the board any litigation or the termination of



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responsibility by the responsible physician or any litigation alleging conduct by the physician assistant that would constitute grounds for disciplinary action under the physician assistant licensure act. The responsible physician shall report this information to the board within 10 days of receiving notice of the information;

~~(g) at least every 14 days, reviews all records of patients treated by the physician assistant and authenticates this review in the patient record;~~

~~(h) (7) reviews patient records and authenticates the review in each patient record of treatment provided by a physician assistant in an emergency situation if the treatment exceeded the authority granted to the physician assistant by the responsible physician in the responsible physician request form. The responsible physician shall perform the review and authentication of the patient record within 48 hours of the treatment provided by the physician assistant if the treatment provided in an emergency exceeded the authority granted to the physician assistant by the responsible physician request form required by K.A.R. 100-28a-9;~~

(i) (8) provides for a designated physician to provide supervision and direction on each occasion when the responsible physician is temporarily absent, is unable to be immediately contacted by telecommunication, or is otherwise unavailable at a time the physician assistant could reasonably be expected to provide professional services; and

(j) (9) delegates to the physician assistant only those acts that constitute the practice of medicine and surgery that the responsible physician believes or has reason to believe can be competently performed by the physician assistant, based upon the physician assistant's background, training, capabilities, skill, and experience.

(b) The responsible physician shall develop and implement a written method for evaluating whether the physician assistant has performed patient services constituting the



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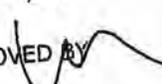
practice of medicine and surgery with professional competence and with reasonable skill and safety, in accordance with the provisions of the responsible physician request form.

(1) During the first 90 days of the responsible physician-physician assistant supervisory relationship, the responsible physician shall review and authenticate all medical records and charts of each patient evaluated or treated by the physician assistant within 14 days of the date the physician assistant evaluated or treated the patient. The responsible physician shall authenticate each record and chart by original signature or initials and shall record the date of the review. Electronically generated signatures shall be acceptable if reasonable measures have been taken to prevent unauthorized use of the electronically generated signature.

(2) After the first 90 days of the responsible physician-physician assistant supervisory relationship, the responsible physician shall document the periodic review and evaluation of the physician assistant's performance required by paragraph (a)(3), which may include the review of patient records and charts. The written review and evaluation shall be signed by the responsible physician and the physician assistant. This documentation shall be kept on file at each practice location and shall be made available to the board upon request.

(c) Except as otherwise required by K.A.R. 100-28a-13, a responsible physician shall not be required to cosign orders or prescriptions written in a patient's medical record or chart by a physician assistant to whom the responsible physician has delegated the performance of services constituting the practice of medicine and surgery. (Authorized by K.S.A. 2008 2010 Supp. 65-28a03; implementing K.S.A. 65-28a02 and K.S.A. 65-28a09; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001; amended May 15, 2009; amended P- _____.)



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KANSAS STATE BOARD OF HEALING ARTS

ECONOMIC IMPACT STATEMENT

K.A.R. 100-28a-10

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 100-28a-10 is an amended regulation that relates specifically to physician assistant chart co-signature requirements. This amendment provides the physician and the physician assistant discretion in determining the proper method for interaction and communication on patient matters. The amendment will provide for a method of review that offers adequate supervision and also allows for the physician and the physician's assistant to more efficiently utilize their time.

II. Reason or Reasons the Proposed Regulation is Required, Including Whether or Not the Regulation is Mandated by Federal Law.

The modification to K.A.R. 100-28a-10 is essential because it provides the required supervision of a physician assistant by a physician better utilizing both the physician and the physician assistant's time in a more efficient and economical manner.

III. Anticipated Economic Impact upon the Kansas State Board of Healing Arts.

There is no foreseeable cost to the Board.

IV. Anticipated Financial Impact upon Other Governmental Agencies and upon Private Business or Individuals.

There is no foreseeable cost to any other governmental agency or the public to implement the regulation.

V. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

No other methods were considered.

