



Economic Impact Analysis Virginia Department of Planning and Budget

18 VAC 85-50 – Regulations Governing the Practice of Physician Assistants Department of Health Professions December 19, 2002

The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with Section 2.2-4007.G of the Administrative Process Act and Executive Order Number 21 (02). Section 2.2-4007.G requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. The analysis presented below represents DPB's best estimate of these economic impacts.

Summary of the Proposed Regulation

Pursuant to a legislative mandate, the Board of Medicine (board) proposes to establish registration for voluntary practice by out-of-state physician assistants. Further, the board proposes amendments to rules concerning the supervision of physician assistants.

Estimated Economic Impact

Voluntary Practice

Chapter 740 of the 2002 Acts of the Assembly mandates that the board promulgate regulations to permit individuals licensed as physician assistants by another state to volunteer their health care services in Virginia without needing to obtain a Virginia license. The legislation sets very narrow criteria for who may qualify. Only individuals who are licensed in other states, but not in Virginia, and who volunteer "to provide free health care in an underserved area of the Commonwealth under the auspices of a publicly supported, nonprofit organization with no paid employees that sponsors the provision of health care to populations of underserved

people throughout the world”¹ may register to perform volunteer health care work in the Commonwealth without a Virginia license.

The board’s proposed regulatory language essentially reiterates the requirements listed in Section § 54.1-2901 of the Code of Virginia with details on how the applicant is to present their qualifications, as well as establishes a \$10 processing fee for the Department of Health Professions’ administrative costs.

The requirement that not only must the volunteer not receive remuneration, but that the nonprofit organization have no paid employees is very restrictive. Many, if not most, charitable organizations would not meet this criterion. For example, the Red Cross has paid employees and an out-of-state physician assistant could not volunteer to provide health care services through the Red Cross in Virginia under this provision. The requirement that the nonprofit organization sponsors the provision of health care to populations of underserved people throughout the world is vague and potentially extremely restrictive. It seems to exclude all non-international organizations. Read literally, it also seems to exclude international organizations that do not provide health care to populations of underserved people in all areas of the world. The proposed regulatory language was adopted as emergency regulations on July 19, 2002. As of late November 2002, no one has applied to the board for voluntary practice in Virginia. Given how highly restrictive the qualification criteria are, it is unlikely that more than a very small number of individuals, if any at all, will apply to the board for voluntary practice registration in the future. Since registration for volunteer services is expected to happen very infrequently, the proposed regulatory amendment will have little effect.

Supervision of Physician Assistants

Both the current and proposed regulations require that “prior to initiation of practice, a physician assistant and his supervising physician shall submit a written protocol which spells out the roles and functions of the assistant.” In regard to the protocol, the board proposes to add “... a requirement specifying the time period, proportionate to the acuity of care and practice setting, within which the supervising physician shall review the record of services rendered by the physician assistant.” This contrasts with the current regulations, which specify that the record of services rendered to a patient by the physician assistant be reviewed within 72 hours. According

¹ Source: Section § 54.1-2901 of the Code of Virginia

to the Department of Health Professions, the board may approve protocols that have a stated maximum time to review that are either more or less than the current 72-hour maximum, depending on the situation. The proposal by the board to allow flexibility on the length of time in which a supervising physician must review her assistant's work may permit some valuable services to be provided that may not otherwise be provided. For example, say a physician assistant is willing and able to see patients on Friday evenings, but her supervising physician cannot schedule work reviews until Tuesday. Under the current regulations, the physician assistant would not be permitted to provide services on Friday evenings because her supervisor could not review her work within 72 hours. Under the proposed regulations, the protocol could be written so that the assistant could perform procedures on Friday evenings that could be safely done without review within 72 hours, and the assistant could be precluded from conducting procedures that would be considered less safe without review within 72 hours. Therefore, this proposal can provide a net benefit in that potential can be increased without significantly adding to health and safety risks.

More significantly, the board proposes to amend the definition of "general supervision." The current definition states "General supervision means the supervising physician is easily available and can be physically present within one hour." This language prohibits physician assistants from working when the supervising physician is more than one hour away at an out-of-town conference, on vacation, or for some other purpose. Pursuant to Chapter 387 of the 2002 Acts of the Assembly, the board proposes to broaden the definition to "...the supervising physician is easily available and can be physically present *or accessible for consultation with the physician assistant* within one hour." The proposed language would permit physician assistants to continue working when their supervising physician is more than one hour away as long as the physician would be available for communication within an hour. This could be easily accomplished by, for example, the physician keeping a cellular phone on her person. The proposed change is beneficial in that it would allow physician assistants to work more hours and provide more services to patients. Since the assistants will still have access to consultation with their supervising physician within an hour, the proposed change does not appear to be costly in terms of safety or the assistant's access to advice from the physician. Thus, this proposal will produce a net benefit.

Businesses and Entities Affected

The proposed registration for voluntary practice will likely affect very few Virginians. Given the highly restrictive nature of the registration qualifications, very few out-of-state health care practitioners are expected to register and provide volunteer health care services for underserved Virginians. The proposed changes to the supervision of physician assistants affect the 882 physician assistants licensed in the commonwealth as well as their supervising physicians and patients.

Localities Particularly Affected

The proposed regulations affect all Virginia localities.

Projected Impact on Employment

The proposed changes to the supervision of physician assistants will likely result in more hours worked by physician assistants per year.

Effects on the Use and Value of Private Property

The proposed amendments to the supervision of physician assistants permit medical practices to provide additional hours of service. Thus, the value of medical practices that employ physician assistants may increase somewhat.